

**South Woodham Ferrers Health and Social Care Group**  
**Cancer Care Meeting**  
**Held at Holy Trinity Church on 27th September 2017**

The meeting was introduced by the Chairman Mr Peter Blackman. There were 30 attendees excluding the speakers. The PowerPoint presentations have already been circulated and placed on the website. These notes supplement the presentations by giving details of the main questions and answers that arose on the night.

The first speaker was **Dr Liz Towers**, the Macmillan GP for Mid Essex Clinical Commissioning Group. She explained that Cancer is treatable and curable provided that it is caught early. Many people die with their Cancer rather than of it. The main reasons for Cancer are lifestyle- smoking, alcohol, sunbathing. Two thirds of cancers are in the over 65 age group. It is important to get symptoms such as bleeding, persistent congestion, unusual lumps, abnormal skin conditions etc checked out. Ignoring them will not make them go away. Screening for breast cancer stops at age 70 so breast checking is important. Everyone with suspected cancer will be seen within 2 weeks as a national standard. There are 200 different types of cancer and it is important that you get the right treatment for your type of cancer. One in five people still smoke. Also if people exercised properly there would be a reduction of 3,400 cancer cases per year.

The second speaker was **Sue White** from Cancer Research UK. Her task is as a facilitator working with Health Professionals to aid early diagnosis. In terms of cervical cancer screening one in a thousand result in a diagnosis of cancer. There is currently a new campaign in Essex to get young women to go for screening which is done from the age of 25. Women aged over 70 can self refer for screening. 95% of cancers diagnosed at stage 1 will be cured. Bowel screening is done from age 60. Two in one hundred cases will go on to have further tests. Only 60% of the eligible population take up the screening offer which is a poor response. A new one-off test starts in April 2018. Called a bowelscope it is a one off sample taken by a specially trained health professional. It will be available to over 55s. People over 70 will continue with the current test.

The next speaker was **Ann Smits**, the Director for Clinical Strategy at Farleigh Hospice. She explained that Farleigh was not just about death and dying but is there to help people in need, possibly with life limiting conditions. There are lots of groups there to help patients and their relatives. You can go also to Farleigh for counselling. There are 10 beds in the Hospice but 600 patients in the community are looked after with only a small minority actually going into the hospice itself. Farleigh has physiotherapists, nurses and counsellors. The Community Nurses are paid for by the hospice and are differently funded than Macmillan Nurses but carry out the same functions. Patients can be referred from anywhere. They are then triaged to ascertain whether they need the hospice service or some other. Ann explained that

she has a special form whereby anyone can set out key facts about themselves, which saves difficulties for friends and relatives if a time comes when the person cannot express them. Examples being funeral wishes, where important documents such as bank books, wills are kept etc. Peter Blackman suggested that a copy of the form be put on HSCG website. Paper copies were also handed out after the meeting.

The last speaker was Jenny Godson from Action for Family Carers. Action for Family Carers is Maldon based and supports carers in Essex. They have respite teams and support young carers as well as old. Carers are referred via a variety of routes and initial contact is made to discover what their caring role is and a meeting is arranged. Carers will be informed about the facilities, benefits and services and what is available in the area. Action for Family Carers provide outreach services to offer the carer a break. In South Woodham Ferrers a Day Centre runs on a Friday in Champions Manor Hall. Once a month there is a session for the carers as well so that they can interact with each other. Details of how to contact them will be on the HSCG website.

There followed a question and answer session.

**Q1.** When cancer referral stops at a certain age is this for cost cutting reasons?

A1. Tests are aimed at the most at risk category to be cost effective. 80% of men over aged 80 will have a raised PSA because they have an enlarged prostate. Often the tests are worse than living with an enlarged prostate. GPs are encouraged to refer people with symptoms

**Q2.** Chemotherapy is a harsh treatment. Is there another treatment on the horizon that can be less harsh?

A2. Some chemotherapies are worse than others but the advances are being made in immunotherapy.

**Q3.** When chemotherapy is stopped and a letter is sent to the GP and no more palliative care is given what happens?

A3. Various other personnel are available to give help and support to both the patient and the family. The amount of first class support available is not always apparent to the General Public.

**Q4.** There is some confusion about how information is linked about a patient between hospital and the GP.

A4. GPs should receive a lot of information about their patient and the treatment. They are expected to carry out a Cancer Care Review. Work is now going on to perfect various models of care eg chemotherapy at home. Also training is taking place to enable more to be done locally. Specialist Cancer Nurses and Community Cancer Specialists are being trained and appointed

- Q5.** An audience member who had a specific problem with an inability to get treatment for mouth cancer having had four appointments cancelled was advised to contact PALS at Barts.
- Q6.** What is the driving force behind all the people connected with a case keeping up to date with everything?
- A6.** Regular monthly meetings backed up by computer technology and phone contacts all enable cases to be properly managed.

At the end of the meeting speakers were all thanked for their time input.

The next HCSG meeting is scheduled for January 2018. A number of topics have been suggested.