CANCER RESEARCH UK FACILITATORS

Supporting & Working Together With Care Co-Ordinators, Social Prescriber Link Workers

Related to areas of the PCN specification: Increasing screening

BACKGROUND

Work has commenced across several PCNs, each with differing practice populations, however, in the main the majority have member practices in areas of high deprivation.

These roles are relatively new roles within a PCN funded by the ARRS scheme.

Job descriptions can differ across each PCN, with some employing specific Care Co-Ordinators with a cancer remit, others may be to support long term conditions.

The role of the Social Prescriber Link Worker is to support people holistically to address their non-medical needs, in doing so enabling them to take control of their own health and well-being.

Cancer Care Co-Ordinators (although can have very many specific tasks) support PCNs to deliver improvements to the services they provide to patients, along with engaging and supporting non-responders to screening and addressing health inequalities.

NEXT STEPS

Continue to support these roles as and when requested by PCNs

Planning, developing and delivering joint pieces of work, i.e. cervical learn and share sessions across a PCN footprint, standardisation of safety netting procedures, increasing uptake of screening particularly in low participation groups

Reviewing practice data to identify work areas and target areas of need

SUPPORT FROM FACILITATORS

- Training packages developed and delivered
- Induction support
- Work plans developed
- Advice and guidance given
- Joint working to improve outcomes for patients and supporting practices with challenging populations
- Regular meetings to review areas of work
- Facilitation of joined up working with non-clinical cancer champions and community awareness workers

TRAINING

Training for these roles has included: Introduction to the core components that support risk reduction and earlier cancer diagnosis including:

- The importance of early cancer diagnosis
- NHS cancer screening programmes, including barriers to participation and how to address these
- Prevention and risk reduction (e.g. smoking, alcohol and obesity)
- Safety netting of patients and more efficient management of DNAs
- Red flag symptoms
- Cancer waiting times and targets

OUTCOMES

Currently this area of work is in the early stages for all of the PCNs we are currently working with, however, workplans are being developed, joint working commencing and relationships forming with practices.