

Bridging the  
divide:  
survivorship,  
a GP  
perspective

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# Hospital / Clinic - Home / Community

Tidy – Messy

Disease – Life, home, work, family

An alien environment – culture,  
language, rituals

Disconnected from all that is  
familiar

Uncertainty and abandonment at  
the end of primary treatment



Facts and evidence –  
Feelings and values

Treatment decisions should be informed by best evidence, but never dictated by it.

Patients' beliefs, preferences and values must be taken into account.

Often no 'right' choice

Some patients want information and statistics – others a hug

Disruption of personal narrative



## Reassurance - Realism

Hear and acknowledge anxieties,  
answer questions, admit uncertainties

Challenging conversations

Palliative / supportive care from the  
start

Talking about dying does not bring it  
any closer

Patients don't want to be 'protected'



## Hope - Reality

Information – enough but don't overburden

Foster hope through giving control

Anticipate and discuss possible risks - people imagine the worst

Spinal metastases – hypercalcaemia and pathological fracture

Clarify actions needed



Passive recipient – active  
co-creator of health

Self efficacy and self management

The informed activated, ‘expert’  
patient

Self management

Cancer as a long term condition

Truly informed choices

Understanding risks and benefits  
of treatments

The right to say “Stop”



# Urinary Tract cancers

Much experience of cancer as a long term condition

Bladder, Prostate cancer

Long term survivors after testicular tumours

Survivors of childhood cancers 60 % morbidity

Late effects of treatment

Pelvic radiotherapy

Anti-androgens: Bone & cardiovascular health

Loss fertility / sexual function / self image



Cure or death – living with cancer

Active treatment and palliation together 25% of 2m

Long term side effects of cancer and its treatment 25% of 2m

Co-morbidities and increased risks

Need to recognise palliative care needs in those on active treatments – difficult conversations



# Next steps

Accept that cancer is a long term condition for many

As for other long term conditions patients will benefit from proactive scheduled anticipatory care reviews

Primary care – especially practice nurses – has had great success with other long term conditions

With appropriate training and support from secondary care specialist nurses and doctors could they take on an extended role?



Thank you.

Any questions and  
comments?

**Thank you**  
**Questions or comments**



Thank you

Questions and  
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# The Bridges

- Millau Bridge – Tarn
- Clifton – Avon
- Humber – Humber
- Gateshead Millennium – Tyne
- Forth Bridge – Firth of Forth
- Atlantic / Clachan Bridge – Seil Sound
- Skye Bridge – Loch Aish
- Tyne Bridge – Tyne
- Ribbleshead Viaduct – Ribble
- Slaters Bridge - River Brathay