IMPROVING THE CANCER JOURNEY:

PROVIDING HOLISITC ASSESMENTS OF NEED AND CARE PLANNING IN A LOCAL AUTHORITY SETTING.

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INTRODUCTION

Improving the Cancer Journey (ICJ) is a new service launched by Glasgow City Council (GCC) and Macmillan Cancer Support (MCS) on the 5th February 2014. This Holistic Needs Assessment (HNA) service provides direct assistance, advice and information to cancer patients in Glasgow, as well as their families and carers to ensure no-one in Glasgow faces cancer alone.

ICJ is a partnership between Glasgow City Council, Macmillan Cancer Support, GG&CNHS, Glasgow Life, The Wheatley Group and Prostate Cancer UK.

AIMS

The Service provides Holistic Needs Assessment (HNA), Care Planning and Support for people affected by Cancer in Glasgow. The project is MCS funded.

In conjunction with our partners ICJ created a vision for the Service:

"to develop and deliver; clear, seamless and accessible care that are accessed timeously and appropriately, across organisational and professional boundaries, based upon robust holistic assessment of need"

To deliver this vision ICJ aims to:

- Create clear pathways that are designed around the user and streamlined for convenience and efficiency.
- Build on existing links and make best use of available resources and partnerships.
- Utilise collated data to identify future needs and demands of the service.
- Through robust research and evaluation aim to ensure sustainability.
- Incorporate service user involvement as a fundamental element of design and delivery.

METHODS

One of the most ground breaking elements of the ICJ Programme has been the establishment of the information sharing agreement between GCC and NHS. Innovative partnership working has enabled a data sharing protocol to be agreed between NHS and ICJ. This inventive approach allows NHS to share information on all new cancer diagnosis within Glasgow with the Local Authority based ICJ Team.

Each person identified with a new cancer diagnosis in the city will receive an invitation to undertake a ICJ Holistic assessment. ICJ adopts a person centred

approach to delivering the service by utilising the HNA, Distress Thermometer and Care Planning tools. The HNA is a client led assessment used at significant points in the clients cancer journey such as at point of diagnosis.

The assessment is split into six categories:

- **Physical Concerns**
- **Practical Concerns**
- Family/Relationship Concerns
- **Emotional Concerns**
- **Spiritual or Religious Concerns**
- Lifestyle or information needs

Each client is allocated a dedicated named Link Worker who will support them to identify and score their concerns. The Link workers are specially trained to assess need, identify concerns and work with the client to agree a plan of action or care plan. The Link worker and client will agree contact with appropriate support agencies and will explore the principle of early intervention and supported self-management, which promotes well-being and empowers the client to take control of their own care. This discussion and care planning is extremely important as it ensures that the client is fully invested in the onward referrals, signposting or self-management guidance that is derived from the HNA.

A five year evaluation of ICJ has been commissioned by the ICJ Programme care via a multi-agency partnership. TOGETHER WE'RE **IMPROVING YOUR CANCER JOURNEY**













EVIDENCE OF NEED

The cancer landscape in Glasgow is changing; whilst 28% of all deaths in the city can be attributed to the disease, advances in treatment mean that those with incurable cancer are now living longer and may experience similar illness patterns as those with long-term conditions.

Even for those considered cured, returning to normality is fraught with difficulties, as consequences of the disease and treatment pathways not only impact on their physical condition, but also on their psychological, financial and social functioning.



Currently 20,000 people are living with a cancer diagnosis in the city and this is forecast to rise to approximately 35,000 by 2030, if carers and partners are added

Glaswegians living with the impact of a cancer diagnosis in 15-20 years.

70,000 More than a third of healthcare

then there will be some

professionals (37%) do not routinely ask if a patient has any kind of support system in place.

More than **53%** of Healthcare Professionals report that patients have decided to skip treatment altogether because they have no support from family or friends..

76% of people with cancer wish to die at home; 46% of cancer patients die in Glasgow's acute hospitals, compared to a Scottish national average of **29%**. **49%** of those caring for a family member affected by cancer said that they received no support.

91% of all cancer patients households suffer a loss of income and increased expenses as a result of their diagnosis.

The 'Glasgow Effect', the city has **30%** higher mortality rates and poorer health indicators compared to similar cities, research has found no clear explanation for this.

Since February 2014, ICJ has contacted more than 3500 people in Glasgow who have received a new or additional diagnosis of cancer.

2177 referrals have now been received by the service.

9469 concerns have been identified using the tool.

6323 onward referrals have now been made to more than **225** support

services. 33% of carers identified are referred on to a statutory service for a

formal assessment; the national average for formal referral is only 5%.

93% of responders to our client survey rated the Service as excellent.

On average clients report a **85%** reduction in their stress levels following their first HNA.

94% agreed/strongly agreed that support from their link officer had reduced their feelings of isolation.

CONCLUSION

The ICJ Service is considered by Partners as a Flagship service in the UK and all evidence, impacts and learning generated from venture will inform future service design and delivery within Health and Social care integration.

Boards. The aim of this evaluation is to explore the application of the Link Worker role in delivering better outcomes when delivering holistic, integrated cancer