

# About Macmillan's campaigning activities in Westminster



Briefing for: **New Members of Parliament**

Purpose: **To provide an overview of Macmillan's campaigning activities in Westminster**

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## Introduction

Macmillan Cancer Support's sole purpose is to improve the lives of people affected by cancer. We do this in two main ways – by being a 'source of support' and by being a 'force for change'

Our **source of support** activities include providing face-to-face help to over 430,000 people each year through our network of more than 4,700 Macmillan nurses and other specialist health and social care professionals. We are also one of the main providers of information for cancer patients. Our helplines and information centres help well over 250,000 people per year. We also give nearly £10 million in grants per year to help patients and their families pay for the extra costs that go with a life-threatening disease – costs like higher heating bills and hospital travel costs. We also help secure tens of millions in benefits for people affected by cancer every year.

We are also a **force for change**, campaigning to improve cancer care and treatment and the post treatment support cancer patients need to get their lives back on track after a life-threatening disease. We successfully campaigned to stop patients paying prescription charges. We have had significant success cutting car parking costs across the UK and have helped more patients get access to clinically effective drugs on the NHS.

## Our top seven current campaigning priorities

1. **Better post treatment care and support** – we want every person who leaves hospital after initial cancer treatment ends to have the highest quality of post treatment care and support possible. Since 2007, Macmillan has been championing the 'cancer survivorship agenda' by co-chairing and co-funding the National Cancer Survivorship Initiative (NCSI) with the Department of Health. There is growing evidence that such a model of managed post treatment care not only improves the quality of life for cancer survivors but also leads to a reduction in consultations and admission rates and therefore significant NHS cost savings.
2. **Fairer access to drug treatments for people with rarer cancers** – the UK spends less on drug treatments than other European countries and is slower to provide access to treatment through the NHS. English patients are losing out on what are deemed 'gold standard' treatments throughout the rest of Europe. Macmillan believes the current standard NICE appraisal process needs to be more flexible to ensure people with rare cancers are not treated unfairly and do not miss out on clinically effective drug treatments.

3. **End of life – helping people to die at home** – we want every person with cancer nearing the end of their life to have 24/7 access to community nursing to allow them to die at home if they so wish. The NAO concluded that £104 million could be used to meet people’s preferences for place of care if emergency hospital admissions for cancer patients were reduced by ten per cent and the average length of stay following admission was reduced by three days. This evidence is supported by a recent joint report by Healthcare at Home and Dr Foster, *Hospital Care at Home*, which estimated £160 million could be saved for the NHS if end of life care was delivered in the home.
4. **Fuel poverty** – higher utility bills are one of the major additional costs cancer patients face. Macmillan research has found that one in five people with cancer turned their heating off last winter even when they were cold. Over 40% of the people who receive financial help from Macmillan ask for assistance with their fuel bills. We want particularly vulnerable cancer patients to have access to the Winter Fuel Payment and the new Mandatory Price Support being introduced through the new Energy Act 2010.
5. **Better information and support** – we want every cancer patient to be offered high quality information and support at key points in their cancer journey so they can play an active role in decisions about their care and treatment. We have been working with the Department of Health to develop Information Prescriptions (IPs). IPs provide personalised information for cancer patients about their condition and treatments, care services, benefits and support groups. Macmillan believes IP implementation must be a priority for the next Government.
6. **Tackling inequalities** – Macmillan believes that every cancer patient should have access to high quality care and treatment no matter who they are or where they live. We supported the All Party Parliamentary Group on Cancer to undertake an inquiry into cancer inequalities in 2009. We are now working to encourage implementation of the report’s recommendations. See <http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/APPG/BritainAgainstCancer2009/CancerInequalitiesReport.pdf>
7. **Hospital car parking** – we have made good progress in cutting the travel costs associated with being treated for a life threatening illness. On average, cancer patients travel 53 times to hospital during the course of their treatment paying £325. In Wales, Scotland and Northern Ireland, car parking is usually free for cancer patients. We want to see similar progress in England and hope the recent public consultation will lead to changes on the ground as quickly as possible.

### How you can help?

There are so many ways you can help Macmillan campaign to improve the care and support offered to people affected by cancer in your constituency and nationwide. Whether you’ve got two minutes, 30 minutes, or longer, please go to the ‘Take action’ section and see how you can help.

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