1. INTRODUCTION

TRANSFORMING CARE AFTER TREATMENT

REABLEMENT IN THE SCOTTISH BORDERS

1.0 Approximately 30,000 people in Scotland are diagnosed with cancer every year; trends indicate that the numbers are likely to continue to rise to almost 35,000 by 2020. (ISD 2013). The total number of people with the disease is increasing year on year, largely due to the increasing number of older people in the population.

1.2 It is estimated that more than 2 in 5 people in Scotland will develop some form of cancer during their lifetime, with the risk increasing with age and particularly so in the over 65's.

1.3 The number of people in their 50's dying prematurely from cancer in the UK has fallen to its lowest recorded levels, with a 40% drop in cancer deaths among 50-59 years olds from more than 21,300 in 1971 to fewer than 14,000 in 2010 (Cancer Research UK 2012). This drop is attributed to better screening and improved treatments.

1.4 The Macmillan/Scottish Government Scottish Cancer Patient Experience Survey (2015) found a perception of a lack of support for cancer patients in Scotland. A more comprehensive shift is required in the way we think about cancer survival, life after cancer and how we can help someone plan for their future.

1.5 The current system of care does not meet all the needs of the people who have had a diagnosis of cancer, with many unsure who to turn to for emotional, practical or financial support. The Transforming Care After Treatment (TCAT) Programme is a national partnership between Scottish Government, Macmillan Cancer Support, NHS Scotland and local authorities to support the redesign of care following active treatment of cancer. The programme was officially launched by the Cabinet Secretary for Health & Well Being in 2013.

1.7 Edinburgh Napier University have been commissioned by Macmillan to provide a national evaluation of TCAT.
Please note that the names of the people who have participated in the TCAT Reablement Pilot in Tweeddale have been changed to ensure anonymity.

The views expressed in this report do not necessarily represent those of Edinburgh Napier University or Macmillan Cancer Support.
1. INTRODUCTION

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2. LOCAL CANCER INFORMATION

2.1 For the Borders, the overall number of new cancer diagnoses is expected to increase, source ISDN, figure 1. We know that people are surviving longer and in order to meet this increasing demand within existing resources, we need to do things differently to achieve better outcomes for people.

FIGURE 1: PREVALENCE RATE OF ALL CANCERS IN POPULATIONS FOR SCOTLAND, SCAN AND BORDERS, 2002 - 2011, BY GENDER
2.2 Tweeddale covers 360 square miles. According to Scottish Borders Council, (www.scotborders.gov.uk/info) - the area has a population of 20,715 based on 2014 figures. The average number of new diagnoses for all cancers in the Borders is approximately 768 (calculated over a 2 year period between 2012-2014, of which 59 (7.68 %) are in Tweeddale, (https://scotpho.nhsnss.scot.nhs.uk). Throughout the TCAT Reablement Pilot 24 people have engaged (35.5%) from its introduction in October 2015 – July 2017 evidencing the need for support after cancer treatment. 3 people dropped out of the pilot at the initial stages as they felt they were not in the correct frame of mind to continue although they did recognise the value of the pilot.
3. LOCAL NEED AND RESOURCE IMPLICATIONS FOLLOWING DIAGNOSIS AND TREATMENT OF CANCER

3.1 There are limited resources within the Tweeddale area that are specific to people affected by cancer. Support services (e.g. tumour specific support groups, the Macmillan Cancer Information and Support Service, Maggie’s) are only available at the Borders General Hospital, which is over 20 miles from Tweeddale, or are based in Edinburgh at the Western General Hospital. For those dependent on public transport, these are only accessible via long or infrequent bus journeys.

3.2 The Borders covers a large geographical area with a dependence on cars to provide transport, which in turn makes it difficult to arrange groups that can be attended easily. There is a need for more locally delivered services in rural areas such as the Borders.

3.3 Although people are aware of formal support available e.g. social work, GP etc. there was a recognised need for less formal community based resources that people can access to aid self-management e.g. walking football etc., Scottish Cancer Experience Survey 2015. source http://www.gov.scot/Resource/0050/00501096.pdf page 20 & 28.

3.4 The range of generic services available in the Borders, provided by community based services such as FitBorders and British Red Cross has been established for some time. However, it has been recognised that there has been a lack of signposting for people after their cancer treatment. Evidence has shown that there has been relatively low uptake of services by people living with cancer, source http://www.gov.scot/Resource/0050/00501096.pdf page 20 & 28.

3.5 The impact of cancer and subsequent treatments can have a detrimental impact on people’s independence e.g. hair loss, muscle weakness, nausea, reduced mobility, tiredness, mental well-being which can reduce confidence, safety and ability to carry out everyday tasks. This can restrict people’s ability to go out in their own communities therefore potentially becoming socially isolated.
4. LOCAL TCAT REABLEMENT TWEEDDALE

4.1 TCAT Reablement Tweeddale is a joint partnership between:

- The British Red Cross
- Scottish Borders Council
- NHS Borders
- FitBorders

funded by Macmillan Cancer Support.

4.2 The aim is to enable a reablement and self-management approach based on the individuals needs through the TCAT programme.

4.3 The pilot works with individuals, their families and friends to provide locally delivered, practical, tailored, one-to-one support. By using a Canadian Occupational Performance Measure (COPM) the purpose of the service is as follows

- Offer a reablement plan based on meaningful activity to the person following COPM assessment
- Earlier transition into Social Care via an Occupational Therapist thus enabling early intervention and transition from acute services and prevention of crisis events.
- Further signposting to other available services, financial, social, British Red Cross Neighbourhood Links/Reablement Buddies
- Direct access to specially designed exercise programmes by FitBorders

4.4 The pilot will deliver personal outcomes to the individuals participating: a reablement approach will be adopted to ensure that their functional skills and confidence will be regained to enable them to participate in their everyday activities. It will also increase social and community inclusion.
4.5 To enable this pilot to be delivered there was a robust planning stage using Prince 2 methodology. A project structure and governance were agreed, figure 2 and appendix 1, and, a project manager employed to ensure the pilot delivered the aims and outcomes as mentioned above. A risk register and action tracker was compiled to help track any issues or problems arising throughout.

**FIGURE 2**
5. THE REFERRAL PROCESS

5.1 As the Tweeddale area covers a large geographical area it was felt that the pilot should not be restricted by cancer type. The TCAT Reablement programme offers all adults age 16 and over residing in the Tweeddale area with a cancer diagnosis to take part, regardless of their specific type of cancer.

5.2 A community referral pathway was developed as there was no direct link to community resources following post diagnostic treatment previously, figure 3.
FIGURE 3: REFERRAL PATHWAY

DIAGNOSIS
- Cancer Review with GP
- GP generated letter inviting patient or representative to contact SW OT

Self Referral
- OT assessment: COPM, Reablement Plan, support worker guidance sheet. Person identifies own outcomes and prioritises
- Exercise scheme via FitBorders
- COPM by SWOT

CNS Referral
- British Red Cross Reablement buddy
- Red Cross

Both
6. QUALITATIVE DATA

6.1 The referrals have been from a variety of sources, figure 4.

FIGURE 4

<table>
<thead>
<tr>
<th>Neighbourhood Links</th>
<th>Social Work</th>
<th>Hospital</th>
<th>GP Referral</th>
<th>Self Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
6.2 A variety of data was collected to show the type of cancer, date of diagnosis and stage referred to TCAT Reablement pilot, figure 5.

FIGURE 5

<table>
<thead>
<tr>
<th>PATIENT ID</th>
<th>GENDER</th>
<th>DATE OF DIAGNOSIS</th>
<th>DATE OF REFERRAL</th>
<th>CANCER TYPE</th>
<th>STAGE</th>
<th>REGION</th>
<th>ETHNIC BACKGROUND</th>
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<tr>
<td>1</td>
<td>F</td>
<td>Unknown</td>
<td>21/12/2015</td>
<td>Non Hodgkin Lymphoma</td>
<td>1</td>
<td>EH45</td>
<td>White,Scottish</td>
</tr>
<tr>
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<td>Jan 2014</td>
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<td>Endometrial</td>
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<td>EH44</td>
<td>Unknown</td>
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<tr>
<td>3</td>
<td>M</td>
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<td>22/02/2016</td>
<td>Bladder</td>
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<td>EH45</td>
<td>White,Scottish</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>Dec 2015</td>
<td>25/02/2016</td>
<td>Bowel</td>
<td>1</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
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<td>29/04/2016</td>
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<td>1</td>
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<td>White</td>
</tr>
<tr>
<td>6</td>
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<td>Jul 2014</td>
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<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>Jan 2015</td>
<td>06/09/2016</td>
<td>Breast</td>
<td>1</td>
<td>EH44</td>
<td>White,other</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>May 2014</td>
<td>21/09/2016</td>
<td>Breast</td>
<td>1</td>
<td>EH44</td>
<td>White,other</td>
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<tr>
<td>9</td>
<td>M</td>
<td>Unknown</td>
<td>19/09/2016</td>
<td>Liver</td>
<td>2</td>
<td>EH44</td>
<td>White</td>
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<tr>
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<td>M</td>
<td>Jan 2015</td>
<td>06/09/2016</td>
<td>Lung</td>
<td>1</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>11</td>
<td>F</td>
<td>Jan 2016</td>
<td>02/11/2016</td>
<td>Colon</td>
<td>1</td>
<td>EH44</td>
<td>White</td>
</tr>
<tr>
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<td>M</td>
<td>Unknown</td>
<td>20/07/2016</td>
<td>Lung</td>
<td>4</td>
<td>EH44</td>
<td>White</td>
</tr>
<tr>
<td>13</td>
<td>F</td>
<td>Jan 2015</td>
<td>14/01/2016</td>
<td>Breast</td>
<td>2</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>Dec 2015</td>
<td>28/04/2016</td>
<td>Brain Tumour</td>
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<td>White,Scottish</td>
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<tr>
<td>15</td>
<td>F</td>
<td>Did not engage</td>
<td></td>
<td></td>
<td></td>
<td>EH45</td>
<td>White,Scottish</td>
</tr>
<tr>
<td>16</td>
<td>F</td>
<td>Did not engage</td>
<td></td>
<td></td>
<td></td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>17</td>
<td>F</td>
<td>Did not engage</td>
<td></td>
<td></td>
<td></td>
<td>EH44</td>
<td>White</td>
</tr>
<tr>
<td>18</td>
<td>M</td>
<td>Unknown</td>
<td>15/02/2017</td>
<td>Small Cell Lung Cancer</td>
<td>4</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>19</td>
<td>M</td>
<td>Unknown</td>
<td>06/04/2017</td>
<td>Prostate</td>
<td>2</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>20</td>
<td>F</td>
<td>Unknown</td>
<td>14/04/2017</td>
<td>Lung</td>
<td>4</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>Unknown</td>
<td>16/03/2015</td>
<td>Breast</td>
<td>1</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>22</td>
<td>F</td>
<td>10/05/2017</td>
<td>Hodgkin’s Lymphoma</td>
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<td>EH45</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>F</td>
<td>2015</td>
<td>31/07/2017</td>
<td>Lung</td>
<td>1</td>
<td>EH45</td>
<td>White</td>
</tr>
<tr>
<td>24</td>
<td>F</td>
<td>Oct 2013</td>
<td>18/07/2017</td>
<td>Breast</td>
<td>2</td>
<td>EH45</td>
<td>White</td>
</tr>
</tbody>
</table>
7. QUALITATIVE DATA

7.1 The Canadian Occupational Performance Measure (COPM) measures both 'performance' and 'satisfaction' in daily living activities. This tool supports the personalisation agenda in that it enables the person to set and prioritise their own outcomes and measure how they feel about their performance and satisfaction.

7.2 The COPM enables a person to measure their own physical function which can highlight the need for increased physical activity. 8 individuals have benefited from the involvement of FitBorders who have specially designed exercise classes for individuals.

7.3 Those who have participated in the TCAT Reablement pilot have demonstrated a significant improvement in both their performance and satisfaction scores, figures 6 & 7.
**FIGURE 6: CANADIAN OUTCOME PERFORMANCE MEASURE (COPM)**

<table>
<thead>
<tr>
<th></th>
<th>BEFORE PERFORMANCE</th>
<th>BEFORE SATISFACTION</th>
<th>AFTER PERFORMANCE</th>
<th>AFTER SATISFACTION</th>
<th>DIFFERENCE IN PERFORMANCE</th>
<th>DIFFERENCE IN SATISFACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan’s Story (Ability to live independently in own home)</td>
<td>4</td>
<td>2.75</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>7.5</td>
</tr>
<tr>
<td>Mary’s Story (Increase in confidence in going out alone)</td>
<td>0.5</td>
<td>1</td>
<td>10</td>
<td>10</td>
<td>9.5</td>
<td>9</td>
</tr>
<tr>
<td>Gary’s Story (Increase in mobility/social isolation)</td>
<td>1.25</td>
<td>0.75</td>
<td>7.25</td>
<td>7.25</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Dina’s Story (Increase in stamina)</td>
<td>4</td>
<td>3</td>
<td>9.3</td>
<td>9.3</td>
<td>5.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Mohammed (Maintain a level of fitness receive emotional support)</td>
<td>1</td>
<td>1</td>
<td>6.33</td>
<td>8</td>
<td>5.33</td>
<td>7</td>
</tr>
<tr>
<td>Chris (Social inclusion and increase self-confidence)</td>
<td>4</td>
<td>3</td>
<td>9.3</td>
<td>9.3</td>
<td>5.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Audrey (Reduce isolation, improve mobility)</td>
<td>5</td>
<td>3.3</td>
<td>9</td>
<td>8.6</td>
<td>3.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Alison (Increase stamina, social inclusion)</td>
<td>2.6</td>
<td>2</td>
<td>6</td>
<td>5.3</td>
<td>3.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Ken (Improve confidence, feels socially isolated)</td>
<td>3</td>
<td>3</td>
<td>4.3</td>
<td>5.3</td>
<td>1.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Janet (Would like help with financial matters, plan for the future)</td>
<td>2.75</td>
<td>2.5</td>
<td>4.75</td>
<td>4.75</td>
<td>2.5</td>
<td>2.25</td>
</tr>
<tr>
<td>Merick (Isolated, would like to joining local groups)</td>
<td>1</td>
<td>1</td>
<td>5.33</td>
<td>6</td>
<td>4.33</td>
<td>5</td>
</tr>
<tr>
<td>Nancy (Mood very low, Red Cross Buddy put in place)</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Bob (Would like help in accessing shopping service, transport, Red Cross Buddy)</td>
<td>4.4</td>
<td>2.8</td>
<td>8.4</td>
<td>8</td>
<td>4</td>
<td>5.2</td>
</tr>
<tr>
<td>Helen (Would like to increase fitness levels and meet other people)</td>
<td>6.25</td>
<td>2.75</td>
<td>7</td>
<td>7</td>
<td>1.25</td>
<td>4.25</td>
</tr>
</tbody>
</table>
FIGURE 7: CANADIAN OUTCOME PERFORMANCE MEASURE

![Performance Score and Satisfaction Score Comparison](image_url)
8. CASE STUDIES

8.1 Small numbers limit the value of statistical analysis however the evaluation case studies evidence the impact of the work and the outcomes for individuals with cancer and their families. A sample of six case studies have been selected to evidence the impact of TCAT Reablement as follows:-

PERSON 1
This person was previously quite active however after treatment suffered from fatigue and was unable to do things at their normal pace which resulted in increased anxiety. This person was signposted to FitBorders and attended gentle exercise classes to prevent a decline in physical activity and help regain emotional wellbeing. As a result of the TCAT Reablement pilot this person has improved functional ability in everyday tasks along with increased self-esteem.

PROJECT & AIMS AND OBJECTIVES ACHIEVED:
- Improvement in health and well being
- Improvement in physical functioning

“\textit{I am going to a wedding abroad, something I never thought I would have been able to do. It’s given me the impetus to get back out there}”
PERSON 2
This person was unable to work due to after effects of treatment thinking about returning to work on reduced hours, or taking redundancy. They also expressed an interest in some form of exercise. The person was referred to Macmillan Welfare Benefits and to the local walking football group.
During their involvement with the TCAT Reablement pilot, this person developed a clot on their lung which resulted in depression and deterioration of general health & well-being. This person was referred to The Lavender Trust for massage and relaxation therapy which the person stated they found very useful. They were also referred to Macmillan Counselling Information & Support Service at their local hospital.
The person stated that the support has empowered them to keep a Blog of their cancer journey which they hope in turn will benefit other people going through a similar experience.

PROJECT & AIMS AND OBJECTIVES ACHIEVED:
• Reduced anxiety regarding financial independence
• Increased mobility
"The service has helped me turn a page"

PERSON 3
This person was very concerned about their ability to live independently as they have the onset of macular degeneration. An anticipatory package of care was arranged should their condition deteriorate. After initial visit from the occupational therapist and Red Cross Neighbourhood Links worker, a referral for attendance allowance and a meeting with a local care company was arranged who could provide support as required. A Border Care alarm was also arranged for this person in case they became unwell. The local Fire & Safety Officer visited this person to check his smoke alarms and supplied this person with a vibrating pillow.
Contact was made with Linburn Centre for War Blinded. The Centre Outreach Worker carried out an assessment of the person’s home and arranged for special aids to be fitted which enabled them to carry out everyday tasks within their own home helping them to live as independent a life as possible.
In addition, Linburn have arranged transport to and from the Centre on a regular basis which gave them the opportunity to attend various workshops and social activities preventing social isolation. On discovering the person used to be a pilot they arranged a trip in a glider over Loch Lomond.
The person is now able to continue with their voluntary work within local charity shop on a part time basis. They are also reassured that they are able to live independently and safely within their own home.

PROJECT AIMS & OBJECTIVES ACHIEVED:
• Ability to live independently
• Service user safe in their own home
• Less socially isolated
"I feel like I now have a future"
PERSON 4
This person has impaired mobility partially due to their condition and treatment and was sharing a walker with their partner. They felt very isolated due to their remote location, lack of transport and local amenities.
A major part of the person’s recovery and wellbeing was to receive help in moving to a better supported housing complex where they could be part of a community and have access to local amenities and social opportunities.
Through the TCAT reablement pilot the person received an earlier occupational therapy assessment and a formal letter of recommendation to help them move to a better supported sheltered housing complex.
The occupational therapist arranged grab rails, shower aids as well as an additional walker with a seat to use outdoors. The Red Cross Neighbourhood Links Worker arranged transport for shopping and researched various social activities/groups happening in their area that this person had identified they were keen to engage in through their COPM assessment.
The person and their partner have now moved to more suitable accommodation within a bustling community. This will be greatly beneficial to them as they will now be able to spend time in a social environment helping them to regain their confidence whilst increasing their ability to carry out everyday tasks.

PROJECT & AIMS ACHIEVED:
- Increased mobility
- Less socially isolated
- Reduction in stress levels

“It was such a relief having someone there to support both myself and my partner”

PERSON 5
This person stated that they felt very isolated as treatment came to an end and felt very uninformed of opportunities for his future.
The person had been treated for a spinal tumour and was wearing a very restrictive neck brace which did not allow freedom of movement such as driving or use of public transport. This person feared “this was as good as it would get”.
As a result of the referral to TCAT Reablement and being able to speak to the Red Cross Neighbourhood Links Coordinator, this person was able to discuss openly their fears which reduced their feelings of anxiety.
The Neighbourhood Links Coordinator explored the possibilities of recreating their old hobby of building and sailing model boats which would also involve their grandchildren. This gave the client something positive to concentrate on and work towards.
Things have progressed very positively, the neck brace has now been removed and this person has had a holiday abroad. In addition the person’s partner stated that they felt that they too were supported throughout having one point of contact for a range of issues was extremely reassuring.

PROJECT AIMS AND OBJECTIVES ACHIEVED:
- Increase in regaining independence
- Increase in confidence and reduced anxiety

“I don’t know what we would have done without the support”
PERSON 6

This person who lives alone has very restricted movement following post-operative surgery for breast cancer, having had a double mastectomy. In addition to this they have Type 2 Diabetes. The person stated that they have an interest in history, would like to improve their mobility, be able to walk their dogs again and also get out and about. This person participated in the 1-1 sessions with FitBorders as they did not feel able at that time to participate in general group classes. As movement gradually improved this person regained their driving license and as a result decided to go to gentle exercise class out with their own town. This continued to improve their fitness levels but also widened their social circle. The person often stayed for lunch afterward’s and found this an ideal opportunity to make new friends and learn what was happening within their community as a whole. This person was introduced to a local history group, building up their knowledge of local landmarks and general knowledge of surrounding areas through significant historical events.

PROJECT AIMS AND OBJECTIVES ACHIEVED:

- Increased mobility
- Increase in confidence
- Reduce isolation

“The support received has been overwhelming and has encouraged me to give something back to others in a similar situation”
9. ENGAGEMENT

STAKEHOLDER DEFINITION

“any group or individual who can affect or is affected by the achievement of the organisations objectives”


9.1 A list of key stakeholders was identified, appendix 2, and a strategic plan was drawn up as the best way to engage and encourage their support of the TCAT Reablement pilot. Engagement activities include but not exhaustive the following:-

- Regular meetings with GP Practices
- Newsletter distributed to GP Surgeries participating in Project (GP Newsletter appendix 3 as an example)
- Engagement with Phase 1 Project (Primary Care) to create a clearer pathway for the person to be referred onto Phase 2 Project (Community based)
- Quarterly Strategic Board Meetings
- Monthly Operational Team Meetings

9.2 To further support the programme a member of our Operational Team sat on the Cancer Experience Panel. They regularly feedback the progress and problems which arose within the Tweeddale Reablement pilot.

9.3 To raise awareness of the TCAT Reablement pilot, communications were varied and used a wide range of media, as follows:-

- Leaflets and posters were distributed to Community Centres, libraries, Health Centres, Borders General Hospital, Western General, supermarkets and pharmacies (appendix 8 TCAT Leaflet & Poster)
- Articles in local newspapers, Scottish Borders Connect Magazine (distributed to local households)
- Press release added to Scottish Borders Website, NHS Borders Web
• Talks ongoing with local community groups such as WRI, Rotary, Community Councils Church groups
• Links made with other relevant agencies – Borders Care Voice, Borders Carer Centre, Self Alliance
• Partnerships set up with The Secret Garden Peebles and You Can Grow, a local allotment group in Walkerburn
• Links/mapping with Scottish Borders Council Community Capacity Team

9.4 Testimonial from Occupational Therapist involved in pilot:-

20 April 2017
Claire Russell – Occupational Therapist Scottish Borders Council

I have really enjoyed being part of this project and the team that provide support for the clients that have been referred to the TCAT Reablement.
It has been really encouraging to see that the project has had such a positive effect on everyone who has wanted to engage and make use of the services we offer. Simply everyone has benefitted and feels in a better place after TCAT involvement, as the COPM’s reflect. Talking to clients as they make an initial contact and then following up afterward’s.
How valuable is that for people who have been diagnosed with cancer, travelled along an emotional and physically draining process and as treatment ends, end up in a void!
It has been such a happy and positive experience for me too.

9.5 TCAT Reablement Focus Group - to gather a fair and unbiased view of TCAT Reablement pilot participants and their partners were invited to attend two Focus Group sessions, appendix 4. This was to give them the opportunity to discuss the various aspects of the service and offer valuable feedback on ways to develop the pilot. The highlighted benefits were:

• Support Plan based on individual needs
• Having one point of contact
• Locally based support

9.6 As a result, the focus group members indicated that they would like to set up their own informal support group to help other people (or their carers) suffering or recovering from cancer. These are some of the key words people used to describe their feelings after involvement within the TCAT Service.

“Independence”  “Relief”  “Happy”  “Active”  “Future”

“Dignity”  “Included”  “Social”  “Individual”

9.7 Testimonial from person receiving TCAT Reablement support, as follows:-

16 February 2017
Person receiving TCAT Reablement input

Over the past 6 months I have participated in the Transforming Care After Treatment Reablement project which is coordinated by Angela Davidson. Angela and Iain (Red Cross Neighbourhood Links Coordinator) have been extremely attentive well organised and have brought a listening ear to my needs. Long may the project continue.

9.8 At the time of writing this report, the development of the support group was well underway.
10. OVERALL OUTCOMES OF TCAT REABLEMENT PILOT

10.1 The pilot has responded to individual need.

Examples of intervention outcomes include:

- Reduced isolation through re-engagement within the community and social groups
- Increased access to local services through signposting
- Stress reduction through the provision of the reablement plan
- Increased independence – access to Red Cross Reablement Buddies
- Improved function in everyday tasks support; this improves confidence and safety
- Prevention of a decline in physical activity
- Provided direct emotional support

10.2 There are many potential gains from helping people manage their own health using person and community centred approaches. Nesta (2016) states “this approach represents a source of untapped value for the health system”, and, National Voices (2014) States “if developed effectively, systematic evidence reviews of self-management programmes suggest they can result in raised self-confidence, better quality of life, improved clinical outcomes and greater achievement of goals that are important to that person” National Voices and Nesta. ‘Peer Support: What is it and does it work?’ http://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf

10.3 There has been a direct benefit to informal carers as the person achieved their reablement outcomes as evidenced in the case studies, section 8 of this report.

10.4 That the original referral pathway from GP practice to TCAT Reablement pilot has not provided the streamlined pathway as anticipated at the start of the pilot. The significant gap for support following cancer treatment has evidenced the need for a direct unified/integrated pathway from acute to community reablement services.
11. CONCLUSION

11.1 The pilot has evidenced that good partnerships greatly contribute to the delivery of good outcomes for the individuals and their families. By using an integrated approach means that the person has access to a wide range of services.

11.2 The pilot has evidenced that early intervention has had a direct impact and benefit to people and their families/carers. It has reduced significant problems and crisis interventions as evidenced in the case studies. Feedback from people evidences that the timing of the pilot is paramount as there is a significant gap for support after their treatment and recovery from cancer.

11.3 Going forward the key recommendations are:

- Develop an integrated single referral pathway for the individual between acute and community services
- Include the learning, process and benefits from TCAT Reablement pilot as part of the individual’s recovery package
- Maintain and further promote the value and benefits of partnership/integrated working and pathways
- Roll out TCAT Reablement to other locality areas within the Scottish Borders
- Include TCAT Reablement as part of the treatment and recovery plan for every person affected by cancer in Scotland
- Share the learning with national TCAT projects and developments
## APPENDIX 1
### PROJECT BOARD/OPERATIONAL TEAM

<table>
<thead>
<tr>
<th>PROJECT BOARD</th>
<th>ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Maude Donkers, Lead Cancer Services</td>
<td>Haylodge Health Centre, NHS Borders</td>
</tr>
<tr>
<td>Angie Lloyd-Jones, Strategic Lead OT &amp; Reablement</td>
<td>Scottish Borders Council</td>
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<tr>
<td>Angela Davidson, TCAT Project Coordinator</td>
<td>British Red Cross</td>
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<tr>
<td>Gwyneth Johnston, Group Manager Social Care &amp; Health</td>
<td>Scottish Borders Council</td>
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<tr>
<td>Lindsay Wilson, Independent Living Service Manager</td>
<td>British Red Cross</td>
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<tr>
<td>Tom McInnes, Associate Development Manager</td>
<td>Macmillan</td>
</tr>
<tr>
<td>Sandra Bagnall, Patient Involvement Manager</td>
<td>SCAN/Macmillan</td>
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<tr>
<td>Denise Carmichael</td>
<td>FitBorders</td>
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</tbody>
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<table>
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<tr>
<th>OPERATIONAL TEAM</th>
<th>ORGANISATION</th>
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<tbody>
<tr>
<td>Angela Davidson, TCAT Project Coordinator</td>
<td>British Red Cross</td>
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<tr>
<td>Iain Somervail, Neighbourhood Links Coordinator</td>
<td>British Red Cross</td>
</tr>
<tr>
<td>Denise Carmichael</td>
<td>FitBorders</td>
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<tr>
<td>Karen Baird</td>
<td>FitBorders/Cancer Experience Panel</td>
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<tr>
<td>Barbara Hood, Occupational Therapist</td>
<td>Scottish Borders Council</td>
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<tr>
<td>Claire Russell, Occupational Therapist</td>
<td>Scottish Borders Council</td>
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<tr>
<td>Susan Hotchkiss, Assistant Team Leader, Peebles Locality Team</td>
<td>Scottish Borders Council</td>
</tr>
</tbody>
</table>
## APPENDIX 2 STAKEHOLDERS

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>HOW WILL THEY IMPACT ON THE PROJECT? WILL THIS BE POSITIVE OR NEGATIVE?</th>
<th>WHAT IMPACTED WILL THE PROJECT HAVE ON THEM? WILL THIS BE POSITIVE OR NEGATIVE?</th>
<th>STAKEHOLDER POSITION</th>
<th>HOW WE WILL ENGAGE</th>
<th>WHAT DO THEY NEED TO KNOW</th>
<th>WHAT DO WE NEED FROM THEM</th>
<th>TIMESCALE</th>
<th>LEAD</th>
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<tbody>
<tr>
<td>Macmillan</td>
<td>Partner in Project Support essential May be able to assist in marketing the project</td>
<td>Improved streamlined support for individuals following their treatment and recovery from cancer</td>
<td>Champion</td>
<td>Represented on Project Board</td>
<td>Aims &amp; Objectives Progress Plans for the future</td>
<td>Support Awareness of any changes that may impact on the project</td>
<td>Ongoing</td>
<td>Tom McInnes</td>
</tr>
<tr>
<td>British Red Cross</td>
<td>Partner in Project Support Essential Project Coordinator to manage the Project to ensure that it keeps on track within the agreed timescales</td>
<td>Better access to a wide range of services Effective cross functional working to avoid duplication of services</td>
<td>Champion</td>
<td>Represented on Project Board &amp; Operational Team</td>
<td>Aims &amp; Objectives Progress Plans for the future</td>
<td></td>
<td>Ongoing</td>
<td>Lindsay Wilson/Angela Davidson</td>
</tr>
<tr>
<td>FitBorders</td>
<td>Partner in Project Buy in is essential May be able to assist with marketing the service Positive contribution into improving individuals physical health &amp; wellbeing</td>
<td>Enable clients to more easily access their services Help to reduce further physical decline and increase socialisation</td>
<td>Champion</td>
<td>Represented on Project Board &amp; Operational Team. Regular communication</td>
<td></td>
<td></td>
<td>Ongoing</td>
<td>Denise Carmichael</td>
</tr>
<tr>
<td>STAKEHOLDER POSITION</td>
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</table>
| Scottish Borders Council Social Work Department | Partner in Project  
Buy in is essential  
Ability to identify potential clients | Enable patients to more easily access services.  
Reduce further decline in general health & wellbeing | Champion | Represented on Operational Team. Regular communication with partners | Aims & Objectives  
Progress | Support  
Awareness of their needs and future direction of travel  
Awareness of any changes that may impact on the project | Ongoing | Angie Llyod-Jones Susan Hatchkiss |
| GP’s/NHS Borders | Support id essential  
They will work in partnership with the project to identify opportunities for service delivery and support the project as required | Benefits of referring to TCAT Project should make a positive difference to them as individual have a clearer pathway to a wide range of services coordinated by one source | | | Aims & Objectives  
Benefits of service | Assistance in promoting service | Ongoing | Maude Donkers/ Angela Davidson |
| Wider voluntary sector | May have requirements issues and potential to create demand  
May be able to assist in marketing of the service and with building a volunteer base | Positive  
Cross functional working ensures better integrated service provision to the benefit of the individual | Supporter | Talk given to raise awareness of the project | Aims & Objectives  
What the TCAT Reablement Project can do for them  
Progress | Assistance in promoting the service | Ongoing | Angela Davidson |
| Service Users | Will create demand for the service  
Could impact positively or negatively depending on how they view the service | Positively through provision of service improvements and signposting to other relevant organisations | Supporter | | What the TCAT Reablement Project can do for them | To use the service  
Feedback  
Promotion by word of mouth | Ongoing | Angela Davidson |
METHODS OF COMMUNICATION & ENGAGEMENT

General Methods of Communication & Engagement will include:

- SB Connect
- Relevant NHS Publications
- Newsletters
- Press Releases
- Direct Contact
- SBC Social Media

Voluntary Sector Social Media/Communications activities

LOW ← INTEREST ← HIGH
Welcome to the first edition of the Transforming Care After Treatment (TCAT) newsletter. The aim is to enable people to live as independent a life as possible in their local community following their treatment and recovery from cancer.

Early indications show that the referrals into the project have made a very positive impact for the service users.

**Below are some examples:**

Client had impaired mobility partially due to their condition and treatment was sharing a walker with their partner. They felt very isolated due to their remote location, lack of transport and local amenities.

A major part of the client’s recovery and wellbeing was to receive help in moving to a better supported housing complex where they could be part of a community and have access to local amenities and social opportunities.

Through the TCAT project the client received an earlier O/T Assessment and a formal letter of recommendation to help them move to a better supported sheltered housing complex. The O/T arranged grab rails, shower aids as well as their own walker with a seat to use outdoors. The Red Cross Neighbourhood Links Worker arranged transport for shopping and researched various social activities/groups happening in their area that they were keen to engage in.

The person and their partner are now in the process of moving to more suitable accommodation within a bustling community. This will be greatly beneficial to them as they will now be able to spend time in a social environment helping them to regain their confidence whilst increasing their ability to carry out everyday tasks.

Client previously quite active however after treatment suffered from fatigue and was unable to do things at their normal pace which resulted in increased anxiety. Client was signposted to FitBorders who undertook 1-1 sessions with client to prevent a decline in physical activity and help regain emotional wellbeing. Client has improved functional ability in everyday activities along with increased self-esteem.

Client had limited activity after treatment for cancer and was very concerned about their ability to live independently as they also have the onset of macular degeneration.

After initial visit from O/T and Red Cross Neighbourhood Links Worker contact was made with Linburn Centre for Scottish War Blinded. The Centre Outreach Worker carried out an initial assessment of the client’s home and have arranged for special aids to be fitted which will enable them to carry out everyday tasks within their own home helping them to live as independent a life as possible.

In addition, Linburn have arranged transport to and from the Centre on a regular basis which will give them the opportunity to attend various workshops and social activities preventing social isolation.
APPENDIX 4
TCAT SERVICE USERS FORUM

MINUTES - 29 SEPTEMBER 2016
HEALTH & SOCIAL CARE ROSETTA ROAD PEEBLES EH45 8HJ

PRESENT

STAFF: Angela Davidson Project Coordinator
TCAT CLIENTS/ PARTNERS: CS, DM, JM, GA, CM, MS

Angela introduced herself to the group, explained her role within the project and outlined the reason for the meeting. Prior to the start of the meeting Angela pointed out the fire exits, assembly point and toilet facilities. Although there were guideline questions Angela felt it appropriate to use these as prompts as the group were quite happy to go round the table to explain their particular experience of cancer and the benefits of participating within the TCAT Reablement Pilot.

CLIENT A
Suffered from tumour of the vertebrae and had restricted mobility. Living with partner was previously quite social however had become quite withdrawn and anxious about carrying out everyday tasks.
Referral made to TCAT – Fire Safety check arranged. Various activities that client had an interest in were identified that would not have a detrimental effect on their mobility such as model boating.
Having someone as one point of contact was very reassuring to the client and their partner without having to search through internet. Client has an interest in aviation, made aware of a Red Arrows Event, said it lifted their spirits. Has recently returned from a family wedding in Italy something that they thought would not have been possible due their lack of confidence.
Client felt that participation in the project has helped them regain their confidence and given them the ability to be able to “look forward”. “I now have a future”

CLIENT B
Didn’t want to tell their partner that they had cancer, very concerned about the effect it would have on them as their general health and wellbeing was also a concern. This resulted in increased stress and anxiety.
The client felt that the TCAT project had “literally thrown them a lifeline”. Initially very determined to survive on their own but now had the support and reassurance of knowing who to contact. Client had impaired mobility due to their condition and treatment, sharing a walker between their partner and living in a very remote location. Socially isolated and depressed.
A major part in the client’s recovery and wellbeing was to receive help to a better supported housing complex where they could both be part of a community, have access to local amenities and social opportunities.
Through the project client received a formal letter recommendation of support to help them move. Now living in a populated area getting out and about on a regular basis as they have a walker each. Enjoying lunches with other residents within their new complex.
Having someone to talk to for a whole range of issues and support in knowing that “they can just pick up the phone” has given client great amount of reassurance throughout their recovery.

**CLIENT C**
Client has various ongoing health issues as a result of his treatment. The TCAT project has “enabled him to have access to a whole range of services that he wouldn’t have been able to access themselves”.
Client suffered from depression at various stages and having the support of someone who is not medical and independent has motivated him to regain control of his life. Client also said that listening to others within the forum has helped him immensely, just being able to talk to others in a similar situation.
However, was disappointed that there is no 24 hour Helpline for cancer sufferers and that Macmillan Centre is a distance away. Referred back to GP by Cancer Nurse Specialist, felt that this was not the right pathway for him.

**CLIENT D**
Client has onset of Macular Degeneration in addition to cancer. Very concerned about their ability to live independently.
Client was referred to Linburn for War Blinded. Has had mobility aids fitted throughout the house, reading lights, talking books and regular visit to Linburn for social activities. Client feels “he’s been given a new lease of life!” Now doing things they never thought possible – swimming, archery and most recently flying! The project has “given him his life back”.

**PARTNER 1**
Felt very alone with little help from the establishment, became a full time carer for their partner. Things were very busy initially however when partner became part of the TCAT project and was more empowered to do things on their own they felt a bit useless. However, the forum today has been really helpful to be able to talk to others in a similar situation.

**PARTNER 2**
They did have the support of lots of friends and family around which was important to them but thought the forum today gave them the opportunity to discuss cancer openly, the up and downs. Disappointed that there was nothing locally for support so thought the TCAT project was excellent.

**SUMMARY**
Overall everyone who attended the forum gave very positive feedback. They appreciated they had one point of contact who could help them with their individual needs. The idea of having support locally either by telephone or home visits was extremely beneficial.
As a result of the forum today, the group have decided to set up their own local support group for people who have or are recovering from cancer in an informal setting. They also suggested coming along to a future forum to meet fellow participants within the TCAT project. Angela was asked to share their numbers and possibly give advice and support in arranging to set up their own group in the future.
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