In February 2014, Macmillan’s Improving the Cancer Journey (ICJ) service was launched to ensure everyone with cancer in Glasgow was automatically offered financial, emotional and practical support. This was the first service of its kind in the UK.

For the first 11 months the service focused on the four most common cancers before expanding to all cancers in January 2015.

Edinburgh Napier University is carrying out an independent evaluation of the service, with the first report looking at data from February 2014 to April 2016. This report shows the key findings.

How does ICJ work?

Every newly diagnosed cancer patient in Glasgow is sent a letter offering them time with a link worker to talk about their support needs, using a tool called a Holistic Needs Assessment (HNA) to guide the conversation.

Based on this, a care plan is created, outlining the kind of support the person with cancer needs and how they will get it. The link worker can provide the person with cancer with the information they need to take control and contact support organisations on their own, or can work on their behalf to coordinate support from multiple agencies. During the first evaluation period ICJ referred people to over 220 different agencies across the city, most non-cancer and non-health specific.

ICJ is a partnership between Macmillan, Glasgow City Council, the Beatson Cancer Charity, Cordia, Glasgow Life, NHS Greater Glasgow and Clyde and the Wheatley Group.

Who did ICJ help between February 2014 and April 2016?

Over 1,300 people received an HNA and a care plan.

The median age group of someone accessing ICJ services was 50 to 64.

61% lived in the most deprived areas of Glasgow, with another 16% coming from the second most deprived areas.

Lung, breast, prostate and bowel cancer were the most common cancers among those who used the service.

The people taking up ICJ are likely those who need it most. A pilot survey of those who used the service and those who were offered it but didn’t take up the offer, found those who used ICJ reported less social support and lower levels of health related quality of life.
What kind of problems did people using the ICJ service have?

- Those using the service reported an average of **six concerns** each. ICJ helped people with around **6,000 concerns** overall.
- The three main concerns were **money and housing, fatigue and tiredness**, and **mobility**.
- Those with cervical cancer had the most concerns with an average of **21 concerns** per person.

**What impact has ICJ had?**

Feedback on the service from **96 people** found:

- **81%** of people supported by ICJ said the service had improved their quality of life.
- **88%** felt better informed about their diagnosis.
- **90%** said their concerns had been reduced.
- **93%** said support had reduced feelings of isolation.
- **93%** said their link worker made them feel supported through their cancer journey.

The programme data also shows:

- **36%** of carers offered a Carers Assessment completed one – seven times the national average of 5%.
- ICJ has helped people claim almost **£1.7m** in government benefits and write off over **£100,000** of debt.
- The service has encouraged **better working relationships** between health and social care.
- ICJ has referred service-users to more than **220** different agencies across Glasgow.
- The service has launched a pilot project with GP surgeries where the HNA is used by the GP or practice nurse during the Cancer Care Review.

**What's next?**

1. As of the end of August 2016, ICJ has given an HNA and a care plan to almost **2,000 people** helping them with around **10,000 concerns**.
2. The service will continue improving the lives of people with cancer and their families in Glasgow, supported by a range of partners.
3. In the Cancer Plan, the Scottish Government has pledged **£9m** to roll out services like ICJ in the most deprived communities in Scotland.
4. The service will continue to pilot the use of an HNA for carers to help them get the right support.

‘The Improving the Cancer Journey experience in Glasgow is an example of how an integrated approach to health and social care can lead to an improvement in quality of life, person-led post-treatment rehabilitation and ability to self-manage.’