‘A patient asked if I was a Queen’s Nurse. Now I’m proud to say I am’

Lyn Wilkinson
Senior Macmillan Palliative Care Clinical Nurse Specialist

In focus:
Improving lung cancer care

Sharing good practice
Digital support
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Supporting the 1.4 million cancer carers
Research findings

The number of cancer carers in the UK has risen to more than 1.4 million in 2016. This is an increase of nearly one third in the past five years.

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Supporting the 1.4 million cancer carers

Our latest research highlights the huge number of people in the UK currently looking after loved ones with cancer – many of whom are not getting support.

In June, Macmillan reached out to carers during Carers Week. We urged anyone looking after a loved one with cancer to contact us if they needed information and advice. Carers Week also saw the publication of our new carers research, which was carried out by YouGov. The findings highlight that the number of people caring for someone with cancer in the UK has risen to more than 1.4 million in 2016: an increase of nearly one third (27%) in the past five years.

It is clear that as the number of people living with cancer grows, so will the number of carers – and we need to ensure the right support is in place for them.

Growing pressures

The new findings suggest that family and friends are spending an average of 17.5 hours a week looking after a loved one with cancer. That's 2.5 hours more than in 2011. And shockingly, one in five spend the equivalent of a full time job – more than 35 hours a week – fulfilling their caring role. Carers are also doing more tasks for their loved ones, including personal care and even healthcare tasks, such as giving medication and injections. Many carers also take on a care coordination role, including liaising with professionals, finding information and making phone calls, and writing emails and letters on behalf of the person they care for.

A lack of support

Worryingly, the research reveals that over half (55%) of carers do not receive any support at all. Many do not identify as carers and they often tell us they are just fulfilling their normal role as a partner, son, daughter, brother, friend or neighbour. Others believe they don’t do enough to qualify as a carer. But this lack of recognition can lead to a lack of support. Once someone is identified as a carer, it can open up the help available. This could include a Carer’s Assessment from their local authority, or financial support such as the Carer’s Allowance benefit.

How you could help

The research suggests that, after family, friends and health and social care services, Macmillan was the third most common source of support for carers who did have help. As Macmillan professionals, you may be in touch with carers on a daily basis, so you are ideally placed to help identify people as carers and signpost them to support. To learn about ways to do this, visit macmillan.org.uk/supportingcarers

You can also pass on Macmillan’s support offer through our leaflet Supporting a loved one through cancer, which is available to order at be.macmillan.org.uk/carers

A new Carers’ Strategy for England will be published later this year. It will set out how all carers will be supported over the next five years. We are calling on the government to ensure health and social care professionals work together to identify carers at the earliest opportunity, so that they get the help and information they need. We want to ensure professionals recognise, involve and support carers in providing care to people with cancer. We also want the government to publish a clear plan on how and when the strategy will be implemented.

More information

Visit macmillan.org.uk/carers
In brief

Awards and honours
Congratulations to all of the Macmillan professionals and teams who have recently been honoured or won awards. These include MBEs for Macmillan nurses Jane Alison Hart and Teresa Rennie, and for Dr Anna Campbell who advises our physical activity programmes. Macmillan nurse Kirsty McKay was awarded Cancer Nurse of the Year by the Royal College of Nursing in Northern Ireland. The next issue of Mac Voice will include a Sharing Good Practice supplement about award-winning care and name the winners of this year’s Macmillan Professional Excellence Awards.

Pioneering drugs approved by the NHS
A pair of pioneering immunotherapy drugs will be paid for by the NHS in England. Ipilimumab and nivolumab allow the immune system to attack tumours, and in trials the combination therapy shrank advanced melanoma in 69% of patients. The approval decision is likely to be adopted throughout the UK. More information on the trials can be found in the Journal of the American Medical Association. Macmillan’s Understanding skin cancer booklet is available through be.Macmillan.

be.Macmillan refresh
The be.Macmillan site has undergone an upgrade to improve its design and navigation. The ‘Make your own’ section has been transformed to make it easier to personalise resources. Visit be.macmillan.org.uk to see the new look.

Your chance to win a £50 M&S voucher by completing our survey
Please tell us your thoughts about Mac Voice and other communications you receive from us.

The online survey can be found at macmillan.org.uk/macprofsurvey and should take no more than ten minutes to complete. It includes questions about the types of information you like to receive from us, and how well you think our different emails and newsletters for professionals work together. This is your chance to have a say on Mac Voice and tell us what we’re doing well, and what we could be doing better. The survey will close on 4 November.

To say thank you for taking part, Macmillan’s corporate partner and headline partner of the World’s Biggest Coffee Morning, Marks and Spencer (M&S), has donated a £50 voucher for one lucky survey participant. See the online survey for more details.

M&S and Macmillan
We are delighted that M&S continues to support our work, raising over £6.3m since 2010. This year, M&S stores will go all-out again to celebrate Coffee Morning with donations made on all coffee and cake sold in their cafes. Customers will be able to pick up selected M&S food treats and limited-edition homeware and know that they are making a donation to Macmillan. But our partnership is built on much more than coffee and cake – the last six years have seen M&S embed Macmillan into their business by supporting our Work and Cancer programme and hundreds of M&S staff pledging to support Macmillan through fundraising and volunteering. In 2015, thanks to their invaluable support, Macmillan specialist healthcare professionals, from nurses to dietitians and psychologists to doctors, were funded in communities around the UK.
OPERA cancer genetics tool decommissioned

Macmillan has decided to take the Online Personal Education and Risk Assessment tool (OPERA) offline, but we will continue to offer a wealth of cancer genetics information.

OPERA was an interactive self-assessment tool, designed to help people assess their familial risk of breast and ovarian cancer. Macmillan took over the tool in 2008 when we merged with the specialist cancer information charity Cancerbackup. The tool was taken offline in March, after a review found that there would be significant technical barriers to maintaining it as an accurate and high-quality resource in the future.

This decision was not taken lightly and we’ll continue to offer information and support for people who are worried about their inherited risk of cancer. This includes information about cancer and genetic risk, available through the Macmillan website and in printed publications such as our booklet Cancer genetics – how cancer sometimes runs in families. We also have a series of Are you worried about... booklets for people concerned about their risk of different cancer types. Information can be ordered from be.macmillan.org.uk

- information and support from the Macmillan Support Line on 0808 808 00 00
- our Online Community at macmillan.org.uk/community

Guy’s and St Thomas’ NHS Foundation Trust has developed an app for health professionals, which can help health professionals to assess inherited cancer risk for people you support. You can download the app by visiting ubqo.com/cancergenetics

We will continue to encourage anyone concerned about cancer and genetics to speak with their GP to find out more about risk, and for referral to genetic testing and counselling if necessary.

More information
Please update any local patient information you produce that signposts to OPERA. If you have any questions, please email cancerinformationteam@macmillan.org.uk

For information resources and posters, visit be.macmillan.org.uk/cancerawareness

September
Childhood Cancer Awareness Month
Blood Cancer Awareness Month
World’s Biggest Coffee Morning
30 September

October
Breast Cancer Awareness Month
Macmillan Scottish Professionals Conference
5 October

World Hospice and Palliative Care Day
15 October
Visit thewhpca.org

November
Lung Cancer Awareness Month
See the In focus section of this issue (pages 24–27) for articles about improving lung cancer care.

Pancreatic Cancer Awareness Month
Stomach Cancer Awareness Month

Macmillan Professionals Excellence Awards and Conference
16–18 November
New horizons

A major new Macmillan-funded study aims to understand the impact of cancer and its treatment on everyday life.

The Macmillan Survivorship Research Group (MSRG) at Southampton University has launched HORIZONS: a major new study to understand the impact of a cancer diagnosis and treatment on everyday life.

This is the largest research programme of its type in the world and has the potential to transform the treatment, support and care delivered to people living with cancer.

What is HORIZONS?
HORIZONS is investigating the physical and emotional effects of cancer among people with:
• young-onset breast cancer (those diagnosed at age 50 or below)
• gynaecological cancers
• non-Hodgkin lymphoma (initially the diffuse large B-cell subtype)

HORIZONS is aiming to recruit 3,000 people from across the UK and will follow them regularly. This research is building on the positive work delivered by CREW (Colorectal Wellbeing), an MSRG study that has been following a cohort of almost 1,000 people with colorectal cancer since 2010. CREW has helped to shed light on the role that social support, confidence to manage illness-related problems and other non-medical factors play in cancer recovery. For example, it has shown that self-reported depression before cancer treatment predicts quality of life and health status during treatment and up to two years later.

Why is Macmillan funding this research?
HORIZONS will provide unprecedented insight into the lives and experiences of people living with cancer, by carefully gathering evidence about cancer survivors’ experiences from a variety of angles, over an extended period of time. By giving us a more nuanced understanding of the consequences of cancer and its treatment, HORIZONS will help us support people living with cancer in the right way, at the right time.

The study will deliver robust and comprehensive quantitative and qualitative data. Macmillan will be able to use this to educate the patient, clinical, and policy communities about the importance of effective care and support after cancer treatment.

Who can participate?
The MSRG team has been working to recruit the first study sites since spring this year, with a target of recruiting up to 50 hospitals. Hospitals that are interested in taking part, particularly those in Northern Ireland, Wales and Scotland, are invited to contact the team directly via horizons@soton.ac.uk to discuss opportunities. Research nurses at participating hospitals will invite all patients who have been diagnosed with one of the target cancer types to take part in HORIZONS, subject to certain eligibility criteria. Participants will be asked to complete questionnaires at regular periods and might also be invited to take part in conversations to explore aspects of their experience in more detail.

There has been very positive feedback from the CREW study with large numbers of participants continuing to complete questionnaires and share their insights five years after initial recruitment. We hope and expect that HORIZONS will prove to be an equally positive experience, both for the individuals who take part and, over the long term, for the wider cancer community.

More information
For more information, please contact Hannah Pimperton (hpimperton@macmillan.org.uk) or Laura McDiarmid (lmcdiarmid@macmillan.org.uk) in Macmillan’s Evidence Department or the Macmillan Survivorship Research Group (horizons@soton.ac.uk). Findings from CREW can be accessed at tinyurl.com/msrg-crew1
New heart health guidance for primary care

Macmillan’s quick guide, available at macmillan.org.uk/cot, is aimed at helping primary care professionals manage this often unreported consequence of treatment.

The issue
The heart can be affected by a number of cancer treatments. As more people are living longer with cancer, this also means that more people may be at increased risk of heart problems as a consequence of their treatment. Macmillan estimates that up to 625,000 people face poor health after cancer treatment.1

Primary care has a significant role to play in managing long-term consequences of treatment.2,3 Primary care professionals have asked for more education about the late effects on heart health.4

How was the guidance developed?
The guidance, Managing heart health during and after cancer treatment, was developed by Macmillan and a multidisciplinary expert panel, including GPs and nurses. It has been endorsed by:
- The British Cardio-Oncology Society (BCOS)
- The Society for GPs with an interest in Cardiovascular Medicine (CVGP)
- the UK Oncology Nursing Society (UKONS)
- The British Heart Foundation (BHF).

What does the guidance cover?
The following summary gives an overview of the different sections, and some examples of the recommendations given in the guidance.

Before cancer treatment— Advise patients on how to optimise heart health using the Macmillan booklet Heart health and cancer treatment, which was created in partnership with the BHF. Consider all cardiovascular risk factors, for example hypertension and diabetes, and optimise interventions for these without delaying cancer care pathways.


After treatment— Discuss the Treatment Summary with the patient. Offer the Macmillan booklet Heart health and cancer treatment. Begin regular cardiac function testing (by primary or secondary care) no later than six months after the end of cardiotoxic treatments. Screen people with cardiovascular risk factors at least annually.

Referral to Cardiology— Consider referral to Cardiology for people in certain situations and with symptoms as described in the guidance. This includes people with particular risks, such as planning for pregnancy, or abnormal cardiac function/symptoms.

Visit macmillan.org.uk/cot to download the full guidelines, or a one-page summary.

Dr Sinead Clarke
UK GP Adviser Lead,
Macmillan Treatment and Recovery Programme
Why primary care is well placed to help
Sinead Clarke is a Macmillan GP Adviser and was part of the team that developed the new guidelines. Sinead says, ‘Primary care is best placed to work with patients to decrease their chances of cardiac problems after cancer treatment. For example, through regular blood pressure and health checks, I can ensure any potential consequences of cancer treatment are monitored and minimised. If a health problem is identified, I can work together with the patient to manage the problem, or refer them to appropriate services in a hospital.’

Further resources
• Macmillan and The Royal College of GPs (RCGP) have an online toolkit with educational resources on the consequences of cancer treatment: visit rcp.org.uk/COC
• The Royal College of Physicians conference ‘The late medical effects

References
The 2016 Information and Support Professionals Conference

Information and support teams from across the UK gathered in June to share best practice, learn and network.

Our seventh Information and Support Professionals Conference was held at the Queens Hotel in Leeds. Inspirational speakers included Claire Singlehurst, Macmillan’s Director of Relationship Fundraising; Tanya Humphreys, Macmillan User Involvement Lead at The Christie NHS Foundation Trust in Manchester; and Greig Trout, who brought the event to a close with a real sense of energy. Grieg has recovered from cancer twice and blogs at whenyousurvive.com about his extensive travels since recovering.

The exhibition space at the conference created a great buzz, with lots of interesting conversations. For the first time we included a poster exhibition to share the work of some of the information and support teams, which offered a great opportunity to learn more about some of the brilliant work taking place around the country. We were even able to offer some makeovers at the Boots stand.

Workshop sessions included everything from Lego building to physical activity and personal ‘flourish’ sessions, and offered delegates really exciting choices during the two days. The whole event has been captured in photos and video clips, so if you feel like you’ve missed out, or you’d just like to find out a bit more you can view all of these plus the presentations and resources from the event on the Talking Slides website at macmillan.org.uk/talkingslides You will need to register first (for free).

More information
Email Kim Diprose, Information and Support Programme Manager, at kdiprose@macmillan.org.uk
Tom’s Gift expands eligibility criteria to any cancer type

Now children under 16 with any type of cancer requiring treatment can benefit from gift packs.

This initiative, which is brought to you by Macmillan and the Tom Grahame Trust, brings a smile to the faces of children with cancer at an otherwise difficult time. It was inspired by the story of Tom Grahame, whose face would light up when he received a present during his treatment for a brain tumour.

Once an application form is completed by the child’s parent or carer and their supporting health and social care professional, a pack is sent in the post to the child. Tom’s Gift packs contain a £30 Debenhams gift voucher, a small mystery present and a letter for their parent or carer which lets them know about Macmillan’s further support.

Kian, who received his Tom’s Gift pack in 2015, wrote a letter to say, ‘I used the voucher to get some new clothes for going out with my friends. It’s nice that charities are supporting children like me.’

Macmillan Paediatric Radiographer Mark Williams praised the initiative, saying, ‘I have first-hand experience of seeing how having a child diagnosed with cancer can affect the whole family. Anything like Tom’s Gift which can bring a smile or a little bit of excitement and help children and their parents focus on something positive is very worthwhile.’

More information
If you work with families or carers of children with cancer, please tell them about Tom’s Gift and support their applications. Download application forms and posters for waiting rooms by visiting macmillan.org.uk/tomsgift

RETIRING OR MOVING TO PASTURES NEW?

Join the Macmillan professional Alumni to keep in touch with colleagues and continue to influence the lives of people affected by cancer.

‘As part of the Alumni, you feel valued and connected to Macmillan but you’re not committing to anything, you can do as much or as little as you’re comfortable with.’
Jan Morrison, Alumni member

‘I realised there were so many professionals, like me, proud to have been involved with Macmillan and wanting to reconnect. I’d encourage others to join and make the most of this exclusive network.’
Lynda Atter, Alumni member

Email alumni@macmillan.org.uk to find out more.
Lyn Wilkinson

**Job title**
Senior Macmillan Clinical Nurse Specialist for Palliative Care

**In post**
14 years

**Location**
Lincolnshire Community Health Services

**Contact**
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Lyn was recently awarded the title of Queen’s Nurse. You can learn more about the title, which is designed for community nurses, at qni.org.uk

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How did you come to be in your current role?
I was a district nurse for 20 years and enjoyed the palliative care side of the role. I wanted to specialise, so when a position came up I applied.

What did becoming a Queen’s Nurse mean to you?
I have worked in the community and in primary care for 34 years, in two different roles. For me the award was recognition of those years of service, and of my work towards improving primary and palliative care for patients. It was also recognition for Lincolnshire Community Health Services and Macmillan. It was important to acknowledge our representation of both organisations, and show that nurses on the ground are working hard to improve primary care for patients.

How did you apply?
I’d always known about the award but had never looked into applying. That was until a patient asked me if I was a Queen’s Nurse, and if not why not. Sadly that patient passed away, but the conversation
instigated my application. You need two patient testimonials as well as support from your manager. I also approached Kathy Blythe, my Macmillan Development Manager at the time, and asked for her support. I felt that was important. The process looks at your service, what you’ve achieved within primary care and your vision for community nursing. There are several components and you have to write a short essay for each one, so there’s a lot of work involved. A panel look at your application and decide whether to award you with the title of Queen’s Nurse. It’s an in-depth process and you have to work hard for it, which makes it all the more rewarding.

**How was the award ceremony?**
It was really good to talk to other nurses, find out about their careers and how they’d come to apply for the award. I wasn’t the only Queen’s Nurse from Lincolnshire Community Health Services – some of my colleagues were there too which was really nice. The awards were given out by the Chief Nursing Officer for NHS England, Jane Cummings, who is also a Macmillan Trustee. One of the nicest things about it was having somebody stand up and say how important community nurses are, and what a difference we make to patient care.

**What are the biggest changes you’ve seen during your career?**
I think the biggest change is that we don’t have as many district nurses as we used to. Now there are fewer district nurses with bigger teams of staff nurses. When I first became a district nurse we worked in integrated teams with school nurses, health visitors, occupational therapists, and physiotherapists. That system disappeared but now it’s coming back, so we’ve come full circle. Now we have integrated nursing teams where all those professionals come together to provide holistic care. The ethos is about providing care for patients within their own homes, and hospital admission avoidance. The workload of district nurses has also changed. Patients are more complex, with much greater needs, so the caseload has changed dramatically.

**What difference has the Macmillan connection made to your role?**
When you visit patients and say you are a Macmillan nurse, they know you’re going to talk to them about cancer, and all the complexities their condition involves. You can have very open and honest conversations because they know what Macmillan stands for, so they talk to us about their feelings. My two colleagues and I are also non-medical prescribers. This means we can prescribe medicine independently, rather than needing a doctor to do so, which helps us give more timely intervention for the patients we support.

**How will the Queen’s Nurse title impact your work?**
I have had one or two people see the badge and ask what it means. I think it’s important people know that as a professional you have worked to improve your knowledge, because that then improves the care they receive. This award acknowledges the work you’ve put in and the experience you’ve gained. It’s also important to acknowledge the people I work with. We are a small team of three, and work really hard to provide a high quality service. I don’t see the award as something just for me personally – it’s also recognition for us as a team. It shows patients that the person caring for them has their best interests at heart, and has worked hard to gain the knowledge and skills to make their lives as good as possible. I’m really proud of it.

**Comment from Kathy Blythe, former Macmillan Development Manager for Lincolnshire**
‘I was proud to support Lyn’s application for the Queens Nurse award. Lyn’s most important quality is her patient centred approach to care – she never loses sight of the person and their needs. If I were a patient I would want Lyn in my corner, and I am proud that she represents Macmillan locally.’
Innovating and sustaining cancer rehabilitation in Scotland

Using social media and an online community, Debbie Provan ran a successful event for allied health professionals.

In April this year, forty allied health professionals (AHPs) from across Scotland came together in Edinburgh, to learn about and promote their role in cancer rehabilitation. A varied programme, showcasing projects led by various AHPs, was presented to a diverse audience. The aims and objectives for the day were as follows:

• Understand the landscape we are working in, the strategic drivers and the outcomes required.
• Promote the role of rehabilitation and develop a shared understanding of its purpose.
• Share learning to enable future success and ensure equitable services are available across Scotland.
• Begin to create a network of peers who can support each other to develop sustainable and outcome focused cancer rehabilitation services across Scotland.
• Begin to build a vision of what the future should look like and understand what we need to do to get there.

Key points discussed during the day included starting small and recognising that it takes time to improve change; and to ‘think out’ about how changing other services may have the biggest impact on your own.

The event was a great success with everyone who returned their evaluation (75%) reporting it met their expectations, and rating the day as excellent (90%) or good (10%). The most inspiring aspect of the feedback obtained was that more than 93% of respondents reported that they were going to change an aspect of their practice, or take information back to their team as a result of the event.

Community of practice
To ensure learning and sharing continued beyond the event, and to enable more people to get involved we developed an online community of practice called ‘Cancer Rehabilitation: AHP Services and Best Practice’ at knowledge.scot.nhs.uk/cancerrehab

More than 70% of those who returned their evaluation reported that they were either a current member of the community or intended to join.

Delegates were asked to consider what they needed to improve local practices, and what they could offer others. Numerous offers of support were received, for example: ‘I can support people who want to integrate other morbidities into rehabilitation.’

Moving forward, I will link the offers to the requirements, and if helpful I will initiate discussions via the community of practice so that more people can benefit from this.

Social media promotion
To reach colleagues not in attendance and raise the profile of AHPs among the general public, Twitter was used. In November 2014, I put a call to action out via the blog ahpscot.wordpress.com and introduced the hashtag #AHPCancerRehab. Over the 24 hours following the event, the hashtag reached more than 15,000 accounts and made more than 58,500 impressions. To see the tweets sent out on the day, visit storify.com/debbieprovanrd/ahpcancerrehab

You can also view the presentations from the day via the community of practice at knowledge.scot.nhs.uk/cancerrehab/cpd-opportunities and if you too have something you can offer colleagues to help take rehab forward, or you have examples of good practice which you wish to share, please join the community and upload your resources. You can also e-mail me or contact me via twitter @DebbieProvanRD using #AHPCancerRehab.

Further information
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01292 513164
Raising the bar in information and support

How MQuISS® and the Improvement Team have progressed, and plans for a combined framework going forward.

Before 2012, Macmillan did not have a way to make sure that whenever and wherever someone accessed our information and support services, their experience would be of the highest quality. Of course impressive work was taking place all over the UK. But could we stand up when asked to prove our effectiveness and provide evidence of the difference we made? The introduction of a new set of Quality Standards for Information and Support Services (MQuISS®) made that possible. MQuISS® set a benchmark and provided a structure within which all services could strive to achieve continuous quality improvement.

Implementing MQuISS® would not be straightforward. Macmillan professionals are often pulled in many different directions and time is a precious resource. The services that proudly display the Macmillan logo vary in size, type and setting. Each faces different challenges every day.

Macmillan’s approach was to provide extra support to the professionals managing our services. This was done by investing in an Improvement Team, who could provide tailored support for services working through MQuISS®. The team could also help share good practice and make links between services across the UK. They could provide the resources and tools that would make continuous quality improvement possible.

The Improvement Team was formed in April 2013. Since then, we have been working with our professionals to make this ambition a reality. We have visited individual services and held workshops to bring MQuISS® to life. Webinars have helped new managers understand the process. Partnerships with geographic teams have been strengthened. We have developed resources, templates, tools and guidance for all aspects of service delivery. We have worked with colleagues across Macmillan to test new approaches, and helped to deliver successful conferences bringing the information and support community together. Plus, we have stopped to enjoy a coffee in all corners of the UK, from Scotland to Northern Ireland, from Cornwall to Newcastle.

97% engagement
Since 2013 we have seen 97% of services engage with MQuISS®. For those that have self-assessed multiple times, 87% have shown significant improvement when measured against the standards. While these scores are encouraging in themselves, sitting behind them are thousands of people affected by cancer, able to access the highest quality support. But quality isn’t something that is achieved and then put on a shelf to enjoy. It is a philosophy and an approach which is ongoing and continuous.

Bringing quality standards together
Macmillan aims to embed the idea of continuous quality improvement into every service it develops, as well as making sure that existing services are achieving their full potential for the people that need them. We are working to bring together the different quality standards that currently exist into a combined framework. This will truly represent what quality means to all of us, and what someone affected by cancer can expect when they see that green Macmillan badge, sign or lanyard.

Further information
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abrandom@macmillan.org.uk
Could you benefit from coaching?

The Macmillan Professionals Coaching Programme is getting rave reviews from those who have taken part.

‘Coaching is an extremely valuable opportunity. It offers the time and space to reflect on work situations in a constructive way, which enables positive change and progress. My increased confidence in my area of work will benefit patients, colleagues and the cancer services I am involved in. I have also grown personally and have a clearer vision for the future.’

Janet, Macmillan Cancer Support Specialist

Janet is one of more than 140 Macmillan professionals who have benefited from the one-to-one coaching programme since it was launched in November 2014. The programme represents a substantial element of the learning and development offer for Macmillan professionals, complementing courses, e-learning and grants. It’s open to professionals at all levels, and across all roles, who have been in post for at least six months. And it provides an invaluable opportunity to spend quality time with an external expert coach to work on service, personal and professional development goals.

Participants should come to the coaching programme with clear needs and objectives – at least some of which relate to Macmillan’s Nine Outcomes – and the support of their employer.

They may be in the midst of organisational or workforce change, service redesign, or looking to develop their knowledge and skills for their current or future role. Sometimes it can be about using the coaching programme to refresh their self-confidence and resilience in the face of a demanding clinical workload, or to gain support for managing a new project.

‘The coaching gave me the headspace to determine if I was willing and able to remain in my current role. The time spent with my coach enabled me to navigate the issues and develop a personal toolkit of support. When I applied for coaching I was not sure I would remain in post. Not only I am still here, but I have found a renewed sense of commitment to what I do which is giving me greater sense of job satisfaction.’

Sue, Macmillan Clinical Nurse Specialist

All the information needed to apply for coaching is at learnzone.org.uk/coaching

Following a successful application, you’re able to select a coach from your area, and arrange to meet them for an introductory ‘chemistry’ session. It’s critical there is a good fit between a professional...
and their coach. The programme includes up to six, two-hour coaching sessions, which typically take place over a six-month period, but most importantly, at the pace of the coachee.

The independent coaches are all highly skilled and come from a wide range of backgrounds, whether in healthcare or other sectors. All have their own training, experiences and insights to draw upon to help participants achieve their goals.

‘My coach was a very valuable source of information and helped me to develop my skills and confidence, to look at my work-life balance and make some life-changing decisions. She was supportive, interested and exceptionally professional. She enabled me to challenge my existing ideas and experiences and use new knowledge to become more assertive and self-aware. I would highly recommend the coaching programme and my coach.’
Anne, Macmillan Clinical Nurse Specialist

Whilst we expect a professional’s line manager to actively support their application for coaching, the content of each session remains confidential to the coachee and coach. After the final session, we ask the coachee to help us evaluate its success by completing a detailed feedback questionnaire, which again is treated confidentially.

Since its inception, the coaching programme has consistently proven to be an overwhelmingly successful investment in the learning and development of Macmillan professionals.

Everyone who has completed the programme has recommended it wholeheartedly to colleagues. Participants report a wide range of positive outcomes, such as improvements to service development and delivery, leadership skills, relationships with colleagues, confidence and assertiveness, work-life balance, levels of motivation and job satisfaction and career development.

Like other approaches to learning and development at work, the coaching programme won’t be the solution for everyone. However, we believe that coaching is a powerful way of supporting learning in the workplace and with its individual focus, offers all professionals the opportunity of something special.

‘My coach was so supportive and incredibly perceptive, establishing with me quickly the areas I needed to work on. Her interest, expert knowledge and coaching skills had a significant positive impact on me; my confidence, motivation and resilience in the workplace have all grown. The coaching was invaluable, not only in my own personal and professional development but influencing staff and individuals I work with who have cancer. I would definitely recommend it to other Macmillan professionals.’
Helen, Macmillan Specialist Occupational Therapist

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Regitse Lewis, Macmillan Specialist Physiotherapist
‘There is no doubt that coaching benefits our patients in turn.’
Planning and managing radiotherapy

Rebecca Goldfinch is one of a small number of consultant radiographers specialising in palliative radiotherapy across the UK.

When I was appointed there were very few consultant radiographers specialising in palliative radiotherapy. The role was developed to enhance services for patients by receiving direct referrals and managing the whole pathway: from clinical assessment through to prescribing and planning radiotherapy. I take referrals from medical oncologists, palliative medicine consultants and haematologists, preventing the need to involve clinical oncologists.

Making a difference

The first two years of my contract, which started in September 2013, were assigned for training and education. I then started taking direct referrals to my service. The initial numbers were small but encouraging, with 16 new patients from mid-October to the end of December in 2015. However, demand is growing, and in April 2016 alone I had 17 new patients referred to me.

Direct referral to my service gives patients improved access to treatment. I have been able to see patients promptly when they have been referred urgently, enabling them to start radiotherapy sooner. This is particularly beneficial for patients having radiotherapy for metastatic spinal cord compression, for whom prompt treatment is vital.

The Acute Oncology Service has indicated that they see the benefit of my post. They have a smoother referral process when patients are identified as requiring urgent radiotherapy, with improved communication between the disciplines.

Radiotherapy staff have also felt the benefit of this improved pathway. The quicker process allows patients to be treated earlier in the day, when more staff are available, which is preferable for all concerned.

I have taken on quite a large amount of the planning of palliative radiotherapy. This has allowed clinical oncologists to focus on their other work.

Both people affected by cancer and my colleagues now have access to a named member of staff for advice, information and support.

Developing services and my role

Palliative patients are entitled to the same quality of service as those beginning their cancer journey. My post has already had a positive impact and I anticipate that this will develop further as my service expands and referrals increase.

One patient told me: ‘Thank you for organising all of my treatment. It has made it easier knowing you were sorting everything out for me and that you were keeping an eye on things. The whole process has been easier than I expected.’

I am a member of the Society and College of Radiographers Consultant Radiographer Group, in which service development and examples of best practice are discussed and shared. I have also developed close links with radiographers with similar responsibilities.

I continue to develop my skills and practice. My intention is to extend my role to cover other sites which require palliative treatment, such as brain metastases or symptomatic lung, bladder or prostate cancer. I am currently undertaking a research study to complete my MSc, which includes studying the phenomenon of pain flare due to radiotherapy. This is a temporary increase in bone pain. I hope to publish the results to share the knowledge gained.

Further information

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Exploring how patients use cancer information

Macmillan is at the beginning of a new and exciting project that will reveal how people access and use information about cancer.

Why is Macmillan doing this? Macmillan already involves people affected by cancer in everything that it produces. We have a database of reviewers who read and comment on our information to help us improve. However, the limitations of this are that we get feedback from people who:

• have been reviewing our information for some time
• are not necessarily in need of the information themselves at the time
• are often ‘expert patients’.

Through this new project and going forwards, we hope to gather feedback on our information from the people who are actually using it, at the point of use. This will help us to improve our information, understand the impact it has on patient experience and identify any unmet information needs.

We will collect data on how Macmillan’s cancer information is accessed across different topics, formats (such as printed booklets or audio books) and distribution channels.

What we already know

We already have data on how many information resources are ordered and which are most popular. And we know how many people use the website and which topics they spend the most time on. But this doesn’t tell us whether people are happy with what they get.

We also commissioned an agency to look at the impact of our cancer information resources in 2013. We gathered feedback from 672 people via print and online surveys, and then carried out 67 follow-up interviews.

Some key findings included:

• One fifth of people felt they had received information too late.
• People felt the most useful information was about what to expect next (in terms of symptoms, side effects and emotional impact).
• Around a quarter of people took some action after reading Macmillan’s information that they would not otherwise have taken.
• General information on coping with cancer was more likely to be received as a booklet and cancer-specific information was more likely to be accessed online (see chart below).

These are only snippets from the report. The evaluation has taught us a lot and we have already made many changes to how we produce and promote our information in response to the findings. But this report was published in 2013, and so establishing ongoing processes for feedback and data collection will ensure we can continue to improve and respond to changing needs.

Would you like to help? We want to hear from health, social care and information professionals about how their patients and service users currently access information. Please email me to find out more.

From our 2013 evaluation: comparing people who accessed information online and through booklets

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<th>Online</th>
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<tr>
<td>Other/unknown</td>
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</tbody>
</table>

Further information
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The Macmillan Thyroid Cancer Project

The National Macmillan Thyroid Cancer CNS and Thyroid Cancer Information Nurse explain their unique and innovative roles.

Ingrid Haupt-Schott
In 2009 Dr Laura Moss, an oncology consultant in Cardiff, ran a survey looking at access to clinical nurse specialists (CNSs) for people with thyroid cancer. The survey revealed that the vast majority of thyroid cancer patients either had no access to a CNS or they had access to a CNS of a different speciality. As thyroid cancer is so different from other cancers in terms of its treatment, long-term care and prognosis, having a CNS of another speciality can be difficult and is not ideal for either the patient or the nurse.

Dr Moss devised the concept of a national ‘virtual CNS’ who is ‘shared’ between different centres. This is the first arm within the thyroid cancer project, which has been funded and expanded by Macmillan. I have held my position as the National Macmillan Thyroid Cancer CNS within the NHS since January 2014. Macmillan added a second post to this. My colleague Geri works within Macmillan as the Thyroid Cancer Information Specialist. The project is funded until the end of 2016 and the work will continue beyond.

In my NHS role, I support patients locally in South East Wales as their CNS. I also run a phone review clinic for long-term, low-risk patients with papillary and follicular thyroid cancer.

The national element of my role has different aspects. I support patients in three pilot centres in England and Scotland by phone and emails. Initially, I visited each centre in order to meet the different teams and find out more about local facilities, and how treatment is carried out in particular centres. Patients are referred to me from these centres either by surgeons, oncologists, local CNSs or via the various multidisciplinary teams I join by video link. Referrals have also come from patient support groups. As I cannot access patient records in other centres, good communication with local teams is critical. This includes not just consultants, but also secretaries, nuclear physicists and other CNSs.

The role has been very enjoyable, but had its own (sometimes unexpected) challenges – like understanding a patient with a whispery post-surgery voice and a strong local accent! For some patients, it has been difficult to understand what I can offer them. Not meeting me in person might make it more difficult for patients to remember that I am here to help. Supporting people with only a limited knowledge of information such as their disease details and blood results, and no face-to-face contact, requires a specific set of skills, maybe much like those used by professionals on the Macmillan Support Line. Other aspects of my role which have been carried out in cooperation with Geri include:

• Developing an e-learning module for the Macmillan Learn Zone.
• Writing a textbook chapter.
• Offering training and teaching opportunities across the UK.
• Working towards a standardised and UK-wide agreed recommendation for the low iodine diet pre-radioactive iodine ablation.
• Enhancing network, support and information-sharing among UK CNSs who work with thyroid cancer patients.

This job is fascinating and has given me opportunities such as reviewing Macmillan information booklets and working with pharmacy representatives and thyroid consultants on holding a training day. In the future there may be an extension to patient support in other centres, depending on interest and capacity.
Geri Hamilton
I joined Ingrid on the project in September 2014 as the Thyroid Cancer Information Nurse on the Macmillan Support Line. I speak with people living with cancer, relatives, friends and other healthcare professionals, providing information about diagnosis, prognosis, treatments and side effects. I offer telephone and email support on adjusting to life with and after cancer, and a listening ear if people just want to talk through how they’re feeling.

People affected by thyroid cancer come to me from various sources. The service I provide is advertised on the Macmillan website and in the Macmillan literature, with an open invitation for people to call me about any aspect of thyroid cancer. People are also signposted to me from CNSs across the UK as well as other organisations that support people with thyroid cancer.

A large chunk of my calls and emails come from people who are newly diagnosed. Even if a CNS is involved in their care, they may not have met that person yet. Most people want to talk through their situation and ask about what to expect from treatment, what to ask their doctor, how to take time off work or how to tell their children. The latter question is a common one, because so many of these patients are young women with young families.

I follow up many of my calls with emails summarising our discussion, with links to appropriate information and signposting. Some people get all the information and support they need from that first contact but others need ongoing support.

We’ve worked closely with users of the Macmillan Online Community. It was clear from this group that they sought information from a number of channels and not just through the telephone. With the group’s permission, I joined the forum, and now respond to questions posted online and provide links to information. If a member of the forum appears to require more in-depth support, I offer an open invitation to call me on the support line or communicate privately via email. Ingrid’s observation about the skill set required for this role is very true. I am often asked, ‘How do you support patients if you don’t have access to their notes?’ The information and support I provide is based on my assessment of callers’ knowledge and my understanding of their situation and their main concerns. So some interactions are more specific than others.

I work closely with Ingrid and her consultant and am able to utilise their clinical expertise. I have also had a number of clinic visits shadowing my local thyroid cancer clinicians here in Glasgow. This has helped to consolidate my learning and ensure I give accurate and up-to-date information.

One of the project aims was to address and eliminate inequality in access to thyroid cancer information and thyroid cancer-specific CNS support, regardless of postcode. Our joint-working is unquestionably going some way to achieving this.
Imagine battling with a new diagnosis of pancreatic cancer, alongside the weight loss, bloating, increased flatulence, belching, foul smelling and pale stools, to name but a few debilitating symptoms associated with the disease.

Pancreatic cancer is widely recognised as being associated with weight loss and malabsorption, secondary to pancreatic exocrine insufficiency (PEI). This is the disturbance of the exocrine pancreatic function. Ominously, 85% of patients will suffer with malnutrition as a consequence of PEI, which can adversely affect their response to and tolerance of cancer treatment. Interestingly, the main symptom of weight loss has been specifically linked to a decreased survival time in cancer patients, not to mention lower rates of response to chemotherapy. It is therefore reasonable to suggest that weight stabilisation and optimising nutrition from the point of diagnosis is crucial to overall survival.

Following a successful application to Macmillan in 2014, the University Hospitals of Leicester (UHL) Nutrition and Dietetic Service secured funding for a Senior Specialist Pancreas Cancer Dietitian. The aim was to nutritionally treat all patients that present to UHL with a diagnosis of pancreatic cancer and monitor their nutrition plan throughout their cancer journey.

Since starting in the role, I have successfully developed and implemented a brand new service for pancreatic cancer patients, utilising a range of nutritional interventions. These include:

- Recommending a range of therapeutic diets.
- Appropriately using nutritional supplements.
- Advocating tube feeding to optimise nutrition for our surgical candidates.
- Commencing Pancreatic Enzyme Replacement Therapy for all pancreatic cancer patients, to minimise the catastrophic consequence of PEI. This involves teaching patients how to take enzymes with food and drinks and ensuring they take correct amounts.

Patient satisfaction and audit data from 2015 suggested 98% of patients were either ‘satisfied’ or ‘very satisfied’ with the dietetic service they received. 74% gained or maintained their weight, while 64% reported considerable improvement in their bowel habits.

Patients were posed with the question ‘Is there anything the dietitian did well for you and/or your family?’ Responses included:

‘After speaking to the dietitian my overall outlook improved significantly (outstanding). She made me feel I was going to survive.’

‘Her continuing support and encouragement has been invaluable, from initially explaining the benefits of correct nutrition on healing and health, to the supply of nutritional supplements and booklets then discussion with family regarding pancreatic enzymes.’

I continue to promote the important role of nutrition in pancreatic cancer at a range of events. In November 2015, I presented nationally alongside my Specialist Nurse Colleague at the Pancreatic Society of Great Britain and Ireland. I also represented UHL in April 2016 at a pancreatic disease workshop in Santiago de Compostela to augment my working knowledge further in the area of PEI. I actively support Pancreatic Cancer UK wherever possible, answering diet-related questions should the nurse specialist on the support line require advice, attending their excellent study days and signposting patients to their services, alongside Macmillan support to ensure a holistic patient approach.

I am very fortunate to work with a phenomenally experienced and passionate team and consider it an absolute privilege to work with such a stoic group of patients. I will be forever thankful to Macmillan for giving me the opportunity to make a difference to people’s lives.

References
Improving diet for GI cancers

Heather Owen is a specialist dietitian for people with oesophageal, stomach or bowel cancer.

My title is Macmillan Gastrointestinal (GI) Dietitian and I work in our local chemotherapy unit and at outpatient clinics trust-wide, supporting people with oesophageal, stomach and bowel cancers.

Up to 80% of patients diagnosed with a cancer of the GI tract can have problems eating, swallowing, digesting food and maintaining weight. Preventing and addressing malnutrition is my priority, as malnutrition increases length of hospital stay, increases risk of infection, decreases tolerance to treatment and reduces overall survival rates.

I see all patients with oesophageal and stomach cancer from the time of diagnosis as many already have difficulty eating and also weight loss at this early stage. I ensure these patients, along with those diagnosed with a bowel cancer, have prompt dietetic input throughout their cancer journey as required.

How I can help
My priority is to ensure patients have adequate nutrition to prevent or reverse weight loss and address cancer-related symptoms, which can often be improved by altering the diet. Nutritional supplements are often required and if swallowing problems are significant, tube feeding may also be necessary.

Not being able to eat and not knowing what to eat, can not only impact psychologically on patients, but also on family and friends who may be providing meals for patients. Instead of being enjoyable, meal times can become a source of worry, stress and frustration. In providing dietary advice, I aim to address not only the physical symptoms but also the emotional concerns around nutrition and cancer.

Being the only Macmillan GI Dietitian in the trust and managing large numbers of patients with significant nutritional needs is challenging, but also rewarding.

I saw a gentleman recently who had been diagnosed with bowel cancer and lived alone. He had loose bowel motions that were so severe he could not leave his house. He felt worried about the surgery that lay ahead, confused about what to eat, concerned about weight loss and isolated due to his symptoms preventing him continuing with social activities. After listening to his concerns and advising on a suitable diet plan, after two weeks his weight stabilised, symptoms significantly improved, and he was able to leave his house and spend time with friends. In addition, he felt prepared for the upcoming surgery.

Improved outcomes
In just under two years, I have set up the Macmillan GI dietetic service. Waiting times and weight loss which were seen previously have now both been significantly improved as a prompt and specialist service is now available. I have been working to identify best practice across the UK and am gradually implementing aspects of this within the Northern Trust to improve the nutritional care for our patients with GI cancers.
In this section

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    Janet Thompson, Macmillan Lung Cancer Nurse Specialist
GP triage for lung cancer

People being seen in the right manner, at the right time: these are some of the benefits of a GP triage system that Dr Mary McCarthy has helped establish.

I am a full-time GP in Longton, which is a highly deprived area in Stoke-on-Trent. The area has a high incidence of cancer, and in particular lung cancer, which is partly due to the history of the pottery industry and mining. I have also worked for more than 15 years in what is now the local Clinical Commissioning Group (CCG) as cancer lead in practice, and more recently as a Macmillan lead.

Our Trust has a very good respiratory and lung cancer department, but they were being affected by the number of two week urgent referrals from GPs. The numbers were overwhelming and they were failing to meet targets.

The old pathway
Our usual lung cancer referral pathway from GP to secondary care was:

• GP arranged for a patient to have a chest x-ray.
• X-ray showed possible abnormality.
• GP made an urgent two-week referral to secondary care.

Upon being seen in secondary care, all of these patients were triaged by having a CT scan. In 25% of cases, the CT scan showed there was actually no abnormality to be investigated.

How we improved the process
To streamline this pathway, we negotiated that:

• All abnormal chest x-rays lead directly to a CT scan without GP intervention (all arranged by chest x-ray providers).
• The CT result is sent to the GP.
• If the CT result is abnormal, the GP makes an urgent two-week referral.

One result of this change has been less patient anxiety, because around 25% of patients are now not referred on following the CT scan. Previously, those people would have had a further worried wait to find out their results.

The efficiency of the respiratory team on seeing the right patient at the right time has also been a lot better, so their targets are being met.

Making changes
Making this change wasn’t easy. We started by looking at the data, then I met with the service manager and lead consultant doctor, who were fantastic. For any pathways to change, you have to have the local trust on board and working with you.

We also have various providers doing chest x-rays so needed to negotiate them all going through the same system, with CT scans carried out at the same place and reported on in a very quick manner. The turnaround should be within 48 hours and the GP then gets that result and actions it.

It has taken around 18 months to establish a robust system. We have had some issues where in certain cases people have needed an EGFR (Estimated Glomerular Filtration Rate) blood test before their CT scan, which needs to be referred back to the GP, unintentionally adding to their workload.

We have also had problems when locum radiologists have not been duly informed of our local pathway.

Whenever problems such as these have arisen, we have learned from them and taken steps to make improvements to the pathway.

Supporting patients and GPs
Systems such as these should be simple for the patient, robust so that the process is repeatable wherever they are, and they should make the GP’s life easier. GPs are under pressure at the moment, and changing a pathway is difficult in these conditions. I believe we could do so much more in general practice if we had the manpower. The current lack of GPs could have a massive impact on patient pathways and how people attend and are placed into the system.

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www.macmillan.org.uk/macvoice | 25
Coordinating lung cancer care

A pilot project is improving support for people living with and beyond lung cancer in Manchester.

Lung cancer is the third most common cancer, with 45,525 new lung cancer cases in 2013. It is often diagnosed at an advanced stage, which is reflected in poor survival rates and outcomes. Manchester has a higher incidence of lung cancer than the national average. People with lung cancer can often feel abandoned after treatment, and while they wait for outpatient appointments. Sometimes those diagnosed at a later stage are not suitable for treatment, but still need support.

The Macmillan lung cancer nurse specialists in Manchester felt that they could not always provide the level of support they wanted, due to increasing pressures within the acute hospital setting. So funding was sought for care coordinators to work across the acute and community settings.

Starting the project

Funding from Macmillan was secured for a project lead – an experienced Macmillan lung cancer nurse specialist – and two part time band 4 care coordinators. Having coordinators in post would allow the Macmillan lung cancer nurse specialists to concentrate on people with complex physical and psychological issues.

The pilot project began in August 2015, and the aim was to identify people with a diagnosis of lung cancer (either radiologically or biopsy confirmed), living in South Manchester who would benefit from support. The care coordinators underwent a three month induction period and training on communication skills, the diagnosis and treatment of lung cancer, local support services and emotional resilience.

Coordinating care

Common issues highlighted by people living with and beyond lung cancer include:

- breathlessness
- fatigue
- poor appetite
- anger/frustration about not being able to do things they would normally
- loneliness
- financial worries.

Often the worries are not directly related to living with and beyond lung cancer, but they still make coping more difficult.

Working closely with the Macmillan lung cancer specialist nurses, lung cancer multidisciplinary team and Community Macmillan team, referrals are made. The Macmillan care coordinators can:

- offer support
- signpost to other services
- offer support and advice to help people manage their own health
- help negotiate the complexities of the NHS
- offer the opportunity to complete a holistic needs assessment and agree an individual care plan.

The frequency of contact is agreed with the person with lung cancer. That contact can either be face to face or via the telephone. Telephone contact is often much appreciated, so people know there is someone they can call if needed.

Positive feedback

Just over a year into the project, feedback from patients, such as the quotes above right, has been positive. The team are hopeful this will continue through the rest of the pilot and beyond.

References


Further information

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‘I felt that I was an individual – not just another patient.’

‘I am supported as much or as little as I need. I know they will always be there for me if I need anything.’
Electronic Holistic Needs Assessment (eHNA) and lung cancer

Janet Thompson tells us how Southport and Ormskirk Hospital have been supporting lung cancer patients through the eHNA.

We complete the electronic Holistic Needs Assessment (eHNA) with patients at pre-diagnosis, just after diagnosis and post treatment. The information gained is very valuable to us because we use it at the lung multidisciplinary team discussion to advocate the needs and wishes of the patient. We pass it to the palliative care team when appropriate and signpost to other agencies. The main concerns identified revolve around finances and symptom management – usually breathing difficulties, pain and fatigue. Other concerns commonly identified include depression, eating problems, weight changes and sleeping.

Advantages
The knowledge gained from the eHNAs enables us to signpost patients to some of the wonderful things Macmillan are doing: our excellent patient information centre; our new ‘Move Forward’ exercise programme; or Health and Wellbeing events. It’s invaluable for our lung cancer patients to see us at these events and be able to discuss issues confidentially. We can then book them back in to our clinic to follow up. Everything complements each other resulting in a more patient-focused system and increased confidence for the patients to self-manage. Phone calls about benefits and symptom control have reduced significantly. In addition, we can put names to faces in clinic and if a patient is admitted with signs of disease progression, we know where they are up to in their pathway. The eHNA promotes better communication between departments and more efficient discharge.

Challenges
The main disadvantage of the eHNA is that a lot of our lung cancer patients are elderly and don’t have the technical experience to use the ipad. Although it takes more time to go through the questions together, I do feel we’re able to assess their concerns in more detail than if they were doing it alone. Other challenges are internet problems and the increased admin time – I like to formulate a letter to accompany the care plan to ensure GPs are on board with the plan.

Making a difference
Formal feedback from patients has included a man who I started to arrange a Macmillan grant for there and then in clinic. When he next returned, he was wearing his new winter jacket – he was so pleased as his old jacket did not fit due to weight loss. It was quite emotional. Another lady on medication for symptom control had put on a lot of weight and was struggling with her exercise – adding to her breathlessness. We referred her to our new physical activity programme, which was tailored to her needs, and she’s now doing fantastically.

What’s next
We’re currently a Thursday morning-only clinic and we’d like to expand to a whole day. I’d also like to look at eHNA at home where patients can log on and do their own assessment if they can’t get to clinic, particularly for our palliative care patients. And I would like to see palliative care nurses get on board with these eHNAs so it’s streamlined throughout the pathway.

Now we’re through the teething problems, the enhanced communication is very valuable. We’re looking forward to expanding on what we’ve achieved so far.

Janet Thompson with her patient Evlyn and colleagues Mel Barron and Janet Stocks

Further information
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Updated

Coping with advanced cancer
MAC11626
10th edition
A booklet for anyone who has been told that their cancer has spread or come back, and their relatives and friends. We look at the emotional and practical issues that may come up, along with treatment-related decisions and the impact the illness can have on loved ones. Includes a list of further sources of support.

Understanding primary bone cancer
MAC11614
10th edition
A booklet explaining primary bone cancer, covering the causes and symptoms, diagnosis, staging and grading, treatments and clinical trials. It also talks about emotional, practical and financial issues.

Cancer and complementary therapies
MAC11645
9th edition
A balanced guide to the complementary therapies that some people living with cancer use. These include mind therapies, physical therapies and complementary medicines. There is also information on psychological and self-help therapies. It also includes a list of relevant organisations and resources.

Managing your debt
MAC11583
6th edition
A self-help guide aimed at helping people affected by cancer understand the basics of debt management. Includes tools to help you deal with your debts, a checklist of things to remember and a glossary of important terms.

Your step-by-step guide to making a will
MAC14612
2nd edition
This leaflet provides advice on gathering and preparing all the information you need for writing a will.

Crossword

Clues across
1 Fishy zodiacal sign
7 Vex and irate
8 Forefather
9 Incensed with anger
10 Pungent flavour
12 Soft fine hair
13 Secure from risk
14 Beach material
15 Hawk or clothes insect
17 An American
19 Language of ancient Rome
20 To strangle
21 Hospital carer
22 Bellowed

Clues down
1 A garden growth
2 An instinctive habit
3 The ringed planet
4 To remove all one’s clothes
5 Crazy and quite bonkers
6 To grow less as hair does
11 Supreme being
13 Swine pen
14 Speechless
15 Looking-glass
16 To come in
18 To work bread

Answers across
1 Plant
2 Second nature
3 Saturn
4 Strip
5 Mad as a hatter
6 Recede
11 God
13 Sky
14 Silent
15 Mirror
16 Enter
18 Knead

Answers down
1 A garden growth
2 An instinctive habit
3 The ringed planet
4 To remove all one’s clothes
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