In focus:
Cancer and older people

Sharing good practice:
Large-scale partnerships to improve cancer care and support

‘We have made cancer a higher priority for GP practices and commissioners.’

Dr Neil Smith
Macmillan GP and Macmillan Professionals Excellence Award winner
Visit our website
All the news stories and features from this issue are now available at macmillan.org.uk/macvoice
If you’d like to stop receiving a paper copy of Mac Voice, email macvoice@macmillan.org.uk

Writers wanted
Mac Voice is for you. You can write about the topics that matter to you and share your knowledge with others. You don’t have to be an experienced writer to get involved – simply email macvoice@macmillan.org.uk or call 020 7840 4751

Contributors
Ang Broadbridge • Lorraine Burgess
Jagat Dhanda • Dorothy Duffy
Kirsty Gillespie • Sue Green • Claire Hall
Liz Henderson • Su Higgins • Tracey Lloyd
Helen Ludlow • Sandra McDermott
Caroline Morris • Jan Morrison
Theresa Richards • Hazel Slow
Neil Smith • Janet Tange • John Towers
Jenny Watmore-Eve

Editorial board
Maxine Astley-Pepper, Macmillan Development Manager • Denise Etherington, Macmillan Marketing Account Manager
Alison Foster, Macmillan Associate for Palliative and End of Life Care (Wales)
Alison Hill, Trust Lead Cancer Nurse
Beverly Hurst, Macmillan Gynaecology/Oncology CNS • Tim Iveson, Macmillan Consultant Medical Oncologist
Susan Llewelyn, Macmillan Information Facilitator • Yvonne McKenna, Macmillan Development Manager • Barry McVeigh, Macmillan Development Manager
Heather Jinks, Macmillan Specialist Palliative Care Social Worker • Debbie Provan, National AHP Lead for Cancer Rehabilitation and Macmillan TCAT Project Manager
Ruth Thompson, Macmillan Development Manager • Helen Tyler, Therapies Service Manager • Tracy Williams, Senior Information Development Nurse

Editorial team
Sarah Huntington • Genevieve Osei-Kuffuor
Graham Pembrey

The views expressed in Mac Voice do not necessarily represent the views and policies of Macmillan Cancer Support. Any references to websites, books and journals do not necessarily imply endorsement from Macmillan Cancer Support. Although we do our best to make sure that all of the information in the magazine is accurate and up-to-date, neither we, nor any other party involved in producing the magazine will be liable for your use of its content.

Printed using sustainable material. Please recycle.

© Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). MAC5772_0116

Contents

News
4–11 Making money one less worry, an award-winning cancer environment, art therapy and much more

Q&A
12 Dr Neil Smith, Macmillan GP, on his Macmillan Professionals Excellence Award-winning ‘Think Cancer’ project

Features
14 Tackling the late effects of pelvic radiotherapy
15 Preparing children for loss
16 Recognising Macmillan staff as professionals
18 Learning disabilities and cancer
20 Facilitating better end of life care
22 Health after cancer treatment

Sharing good practice pull-out
Large-scale partnerships to improve cancer care and support

In focus: Cancer and older people
23–27 Understanding the attitudes, behaviours and treatment needs of older people with cancer

Resources
28 New and updated information from Macmillan

Help us shape your magazine

Thoughts about Mac Voice? We’d love to hear them. Comments on reading the magazine, contributing to it, the content and the design will all help us improve. Just email Graham Pembrey at macvoice@macmillan.org.uk
Contents

7 Art bags
Encouraging creativity.

17 Recognising Macmillan staff as professionals
Celebrating staff on the Macmillan Support Line and other public-facing teams.

12 Q&A: Dr Neil Smith
How the ‘Think Cancer’ project has improved cancer support in Blackburn.

Learning disabilities and cancer
A project in Wales is helping people with learning disabilities to cope after a cancer diagnosis.

18

20 In focus: Cancer and older people
Improving understanding and outcomes.
We are now well into 2016, but I’ve been casting my mind back over our achievements last year. We don’t officially report on these numbers until the publication of our annual report in July, but I am delighted to say in 2015 we reached more people than ever before, supporting 5.8 million people affected by cancer. This included 778,000 people who received face-to-face support from Macmillan professionals. Hearing from people who tell me about the life-changing difference your support has made really puts this vast number into perspective. Thank you for the wonderful work you do and for your continued commitment, it is truly valued.

This year, raising awareness of Macmillan’s services and support is more important than ever. Although we are reaching more people, the tough external environment has had an impact on the public’s perceptions of charities. Our brand remains strong, but there are thousands of people who still don’t know about Macmillan or the ways we can help them.

Look out in May for our refreshed Not Alone campaign, through which we will be highlighting our vital services and the enormous impact they have.

The financial impact of cancer
Raising awareness of our financial support offer is a particular focus in 2016. Being on the frontline, you will know that money worries are a growing concern for people affected by cancer. They are losing hundreds of pounds a month due to a loss in income and the extra costs they face as a direct result of their diagnosis. Changes to the welfare system also mean there is a growing demand for support.

We have already been doing some important work in response to this, including increasing the average size of a Macmillan grant to £400 and campaigning to stop cuts to sickness benefits. I am also really proud that Macmillan’s recommendations on how the banking industry could improve its service for people living with cancer resulted in the launch of Nationwide’s Specialist Support Service. The building society now provides tailored support to help their customers with cancer manage their finances; a first for the financial services sector.

The change we want to see
We’re breaking new ground, but more needs to be done to help people overcome the obstacles that prevent them from reaching out earlier. Whether it’s because they are too embarrassed, too ill, or simply unaware that financial support is out there – together we can start to break down these barriers, but we can’t do it alone.

To change behaviours and systems, we need more people to play a part in making sure a cancer diagnosis doesn’t automatically mean financial disadvantage. From the government and the NHS to charities, banks, insurers and people affected by cancer – we all have a responsibility to ensure people can access the right support at the right time.

As health and social care professionals and ambassadors of Macmillan, you too have a crucial role. Your influence cannot be underestimated when it comes to encouraging people to have early conversations about the financial impact of cancer. Please continue to signpost patients and clients to our financial guides and welfare rights advisers, or direct them to our website so they are able to get the support they need and don’t have to face the financial strain alone.

Thank you once again for the critical work you do each day – we simply wouldn’t be able to make the difference that we do without the high quality care and support you provide. Your work continues to inspire me and I’m looking forward to building on our relationship in 2016.

People can call Macmillan free on 0808 808 00 00 to speak to our financial guides and welfare rights advisers, or they can visit macmillan.org.uk/moneyworries
Building better environments

The Sir Robert Ogden Macmillan Centre in Harrogate was named Best Internal Environment at the Building Better Healthcare Awards. The centre, which opened in March 2014, was commended for its welcoming mix of art, interior design and landscaping, all aimed at providing a more comfortable experience during cancer treatment.

In brief

Spotlight on rarer cancers
Research by Macmillan and Public Health England’s National Cancer Intelligence Network has highlighted the number of people living with rarer cancers. Macmillan is now calling for more tailored support for the tens of thousands of people in the UK living with rarer types of cancer such as cancer of the heart, ear or penis. Download ‘The Rich Picture on People with Rarer Cancer’ at macmillan.org.uk/richpicture

Concern over colorectal cancer distress
New analysis has found many survivors struggle to cope with daily life years after a colorectal cancer diagnosis. The research was led by the University of Leeds and partly funded by Macmillan. It found 15% of people in England who survive one to three years after a diagnosis perceive daily social interactions as severely negative or distressing. To read more visit jco.ascopubs.org and search for ‘Identifying Social Distress: A Cross-Sectional Survey of Social Outcomes 12 to 36 Months After Colorectal Cancer Diagnosis’.

Volunteers Conference May 2016
After the success of its 2015 debut, the Macmillan Volunteer Conference returns in May. It’s an opportunity for volunteers to meet, learn from each other and share stories. The Volunteer Awards ceremony will also be held during the conference. Look out for news of the winners in the autumn issue of Mac Voice.
Expand your nutrition knowledge

Learn more about providing dietary advice through a new online training course.

People who have had a cancer diagnosis often want to learn how to reduce their risk of recurrence and live a healthy lifestyle. They may ask you about appropriate activity levels, dietary intake, the use of supplements and the avoidance of certain substances within their daily environment.

To help you answer these questions, a new e-learning toolkit was launched on Learn Zone in January, in partnership with Bournemouth University.

Designed for all health care professionals, the Nutrition for people living with and beyond cancer course can help increase your knowledge and understanding of nutrition as part of the care you provide.

The course provides an overview of basic nutrition principles and dietary guidelines for the general population, for cancer prevention, and for living with and beyond cancer. Consideration is given to the extent to which lifestyle factors can extend life and reduce disease incidence to add quality to life.

The toolkit can enable you to provide consistent and evidence-based general advice on nutrition and lifestyle change. It can also help you signpost to further resources and refer people for more specialist advice. The course includes guidance on nutritional literature and assessing the validity of nutritional reports in the media.

More information
Sign up for the course at learnzone.org.uk
Create, contemplate and connect

Two hospices in Hertfordshire are providing creative therapy through an innovative new art bag project.

Funded by Macmillan, the art bag project is a joint initiative between the Spring Centre at The Hospice of St Francis in Berkhamsted and the Starlight Centre at Peace Hospice Care in Watford. The aim is to boost the well-being of people who are living with a life-limiting illness. The free bags include an art activity and all the materials needed to create a completed artwork. This year’s activity is a weaving loom.

Annalie Ashwell and Hannah Cridford, Macmillan Wellbeing and Therapeutic Coordinators, say they developed the project to provide participants with an opportunity to ‘create, contemplate and connect’. Annalie explains: ‘The use of art has proven therapeutic benefits to patients. We have created our hospice art bags to give individuals a simple, creative activity that encourages them to focus on doing something “in the moment”, fostering enjoyment and relaxation, boosting morale and promoting well-being. It can be done individually, perhaps at home, or with others in a group at the Starlight or Spring Centre or when visiting the hospice inpatient units.’

The art bags have had a huge uptake, with more than 400 distributed since last October. People can collect the bags while visiting the hospices, or pick them up at community projects and groups. This means art bags still reach those who may feel isolated or struggle to attend groups at the hospice.

Artists can return their creations to the Spring or Starlight Centres or to members of their healthcare team. The looms will eventually be collated to form a large community art installation at Watford Museum in May and June 2016. The exhibition will provide a platform to raise awareness of the creative therapies in hospice care and will visually represent the hospice community.

Hannah explains: ‘The art bags are a way of bringing a flavour of some of the activities we offer at the Spring and Starlight Centres out into our community. Hospices are not just here for controlling physical symptoms. They are also all about helping patients and carers emotionally and practically, building resilience and helping them to live more positively alongside their illness. ‘We hope our innovative art bags will encourage more people to find out about the range of creative workshops, courses and activities our well-being and therapeutic service has to offer.’

To find out more about the hospices’ art bag project, please contact Annalie on annalie.ashwell@stfrancis.org.uk or Hannah at hcridford@peac'hospicecare.org.uk
Work support in Edinburgh

A new team is helping people in Edinburgh and Lothian to overcome work problems.

The Macmillan Work Service at NHS Lothian provides local work support for people having cancer treatment. Delivered by NHS Lothian’s vocational rehabilitation team, the service aims to help people maintain their preferred working life, which could mean staying at work during treatment or returning to work afterwards.

The service is based at the Edinburgh Cancer Centre and is open daily from 10am–1pm, or NHS Lothian patients can call 0131 537 9579. If you work in Edinburgh or Lothian and would like a referral form, please email veronica.sanudo@nhslothian.scot.nhs.uk

The team are also available to talk to you and your colleagues about this new clinical service if you are based in Lothian, Fife, Borders or Dumfries and Galloway. Please contact Veronica Sanudo on 0131 537 9579 to organise a ten minute talk during protected learning times or any other time that would be convenient.

More information
Contact Gerard Mcfeely, Macmillan Consultant Occupational Therapist on 0131 537 9579 or Veronica Sanudo, Assistant Case Manager on 0131 537 9579.

Every public library in Northern Ireland has cancer information

Publications and support from Macmillan are now widely available thanks to a new partnership.

All 96 public libraries in Northern Ireland now provide cancer information and support thanks to a partnership between Macmillan and Libraries NI. A wide range of booklets are available in every branch and library staff have received cancer awareness training, to ensure people affected by cancer find the information they want or are directed towards medical, emotional and financial support.

Public libraries in Northern Ireland see an annual footfall of around 5.5 million people and are vital community hubs, providing information on a variety of local services. Paula Kealey, Senior Macmillan Development Manager, told an audience at Derry Central Library: ‘We want to ensure that people affected by cancer get the right information, at the right time, in the right place and from the right person. That’s why we are expanding our network of information and support services in hospital into the community. Our leaflets are available in many GP practices and now in every single public library.’

More information
Contact Rosy Billingham at rbillingham@macmillan.org.uk
Advancing acute oncology

After Macmillan held its first acute oncology conference, Mac Voice spoke to two specialists in this area of care.

More than 250 acute oncology professionals from across the UK filled a Birmingham venue last October to hear speakers on a range of topics, including vague symptom management and integrating acute oncology services within ambulatory care. The conference was run by the NHS England Chemotherapy Clinical Reference Group and Macmillan. Endorsement came from the UK Oncology Nursing Society (UKONS) and the Royal College of Physicians.

‘A much needed forum’
Ernie Marshall, Clinical Director of Chemotherapy at the Clatterbridge Cancer Centre, says: ‘The conference was a huge success and provided a much needed forum to share good practice and highlight innovation.

‘Our vision is to improve patient safety and experience when accessing urgent care in the context of cancer. Acute oncology is the gel that binds site-specific cancer pathways.

‘The evidence base for acute oncology is growing but locked into individual hospitals. In 2016, we aim to define a minimum data set incorporating clinical outcomes, patient experience and service measures. We need a national framework on what constitutes acute oncology for the next five years. We also need joined-up working across disciplines and organisations, especially at the interface of primary and secondary care. Investment in networking services and in core staff will also be important.’

‘Services make a real difference’
Nicky Adams, Macmillan Acute Oncology Nurse Consultant at Walsall Manor Hospital, says: ‘The conference was very good. Sessions discussing the management of diarrhoea and metastatic spinal cord compression were particularly relevant and thought provoking. The posters and innovation shared were of a very high standard.

‘The acute oncology service at Walsall has been running five days a week since June 2011. In the last six months the service has seen 230 patients and 89% of these were seen within 24 hours of admission. We are now negotiating to extend the service to seven days a week. This fits with the priority for local services and aligns with the vision for the NHS.

‘By working alongside emergency departments and medical teams, acute oncology services make a real difference to both professionals and people living with cancer. Services can influence earlier discharge, while reducing inappropriate investigations and hospital stay. In our hospital, the length of stays for acute oncology is 4.2 days against what was once 12.6 days for emergency cancer patients. We can also show that we can avoid admission through timely specialist input.’

More information
Email Ernie Marshall at ernie.marshall2@clatterbridgecc.nhs.uk and Nicky Adams at nicky.groves@walsallhospitals.nhs.uk
Mentorship from the Macmillan Alumni

As part of the Macmillan Alumni programme, former Macmillan postholders are mentoring those who are new in post.

This pilot project was set up after feedback from former Macmillan postholders, who told us they would like to use their skills and expertise to support professionals working in challenging environments. Macmillan professionals have also told us they would value the guidance, advice and support that an experienced mentor could offer them.

The scheme is open to Macmillan professionals who are starting a new role or going through times of transition in their working lives. They are put in contact with a member of the Macmillan Alumni. The pair make contact before the mentoring relationship formally begins, to ensure good ‘chemistry’ and for both to ask each other questions. The programme is flexible and meetings are negotiated between mentor and mentee.

Mac Voice spoke with the first two participants in the scheme. Jan Morrison is retired and was previously Macmillan Lead Cancer Nurse at Kingston Hospital in Surrey. She has been a mentor for Jenny Watmore-Eve, who is the Macmillan Programme Manager for Cancer Patient Experience at Queens Hospital in Romford, but also works at King George Hospital in Goodmayes.

Before her Macmillan role, Jenny had worked for 15 years in palliative care in hospices. She told us that when she started work in the NHS, she felt quite isolated by the unfamiliar environment. Finding a mentor who had experience of cancer care in a big hospital was ‘just perfect’.

As a mentor, Jan has been able to impart knowledge about how NHS systems work. She has also used her many years of management experience to support Jenny as a manager.

Jan: ‘We agreed to meet face to face at first, so we could get to know each other. We met at Queens Hospital so I could get a sense of where Jenny works. You can do mentorship by phone but, based on that first conversation, we decided to continue meeting in person.’

Jenny: ‘Jan spent time telling me about herself: her background, what she had done professionally and what she does now. I did the same and it just felt right. We felt like a good fit.’

Jan: ‘We continued to meet every six weeks for one hour. We’ve had four sessions so far. It has sometimes been an issue finding a private space to talk, but we have now found a regular quiet place in an education area.’

Jenny: ‘At the end of each session, we agree on my plan and goals for the next six weeks. I update Jan on important progress by email.

‘It’s really helpful to have somebody who is not your manager or connected to the organisation in which you work, who is able to listen and help you reflect on what you’re learning or struggling with in a structured way. I feel like there is someone who understands my hopes and concerns. She knows what I need support with and also what motivates me. She is able to suggest ways that I might get around any challenges.’
Jan: ‘We have two more sessions planned at the moment. We are already thinking about how we should close and how Jenny could get ongoing support.

‘Mentoring has definitely helped me feel connected to Macmillan. When I retired, I felt that I didn’t want to be too committed to anything. But becoming a mentor has meant I can do work at times that are convenient for me. It also means I can use my skills and experience to give back.

‘I would encourage other former professionals to get involved. Mentoring is about sharing your knowledge and experience and doesn’t require any formal training or previous experience. It makes you feel valued and it’s very rewarding.’

Jenny: ‘My manager and my team are very supportive of me having mentoring. I would definitely recommend it. It’s invaluable.’

If you’d like to become a mentor or feel you would benefit from having one, contact the Alumni team for more information on alumni@macmillan.org.uk or 020 7840 4682.
Dr Neil Smith

Neil won a Macmillan Professionals Excellence Award last November for his ‘Think Cancer’ project.

What inspired you to become a Macmillan professional?
I had been a GP for almost 20 years, seeing the terrible consequences of cancer not only for patients but also the impact on their family and friends. I reviewed the cancer statistics for the area where I was working and realised that some of the outcomes were virtually the worst in the country. This was mainly based on deprivation and having an elderly population. I found some positive reasons for the data, such as good coding of cancer diagnosis and management. My practice was already investing a lot of time and energy in trying to address the problem. I wanted to make changes that really helped my patients. Then I realised I could do even more by becoming a Macmillan GP and having a positive effect on the wider local health environment.

What were the main aims of the ‘Think Cancer’ project?
The main aim was to improve the lives of everybody touched by cancer. I thought I could do that by influencing change within general practice, using my position as a GP and contacts with my peers to encourage practices to think about cancer in a different way.
What does the project involve?
‘Think Cancer’ is very much a team approach. The most important issue is networking and working collaboratively. For example, connecting Macmillan with Clinical Commissioning Groups (CCGs), acute hospital trusts and local authorities, and having them all work as a united front. I wanted to encourage all GP practices to be part of that. That means it’s the complete envelope in our health economy – everyone is involved, from a health professional point of view.

The project is professional-based but working for patient outcomes. For example, all practice nurses can now signpost patients to Macmillan information services. We have increased the number of people referring to and utilising Macmillan’s Move More exercise programme. And although my project is very much primary care-based, there are overlaps and cross fertilisation with local projects, including Macmillan Solutions (a volunteering initiative) and patient participation projects.

What are the positive outcomes?
We have managed to make cancer a higher priority, particularly from a commissioning point of view. CCGs are investing more in cancer care and hospitals are providing much better cancer care.

There’s a lot more ownership within GP practices. Every one of our 89 practices now has Cancer Champions – a GP, an administrator and a practice nurse. They receive information which they disseminate in their practices. Within the project there have been seven main work streams looking at the whole pathway of cancer, including prevention and screening, early diagnosis, and survivorship. These individual work streams can help people at different points in their cancer journey.

I was humbled to find out I had won a Macmillan Excellence Award last year. I am very fortunate to get the opportunity to work for Macmillan and try to make a difference, and I’m really honoured to be recognised; not just for my work – the wider team I’ve established deserves praise for all their hard work.

How does your work on the project combine with your work as a Macmillan GP?
It’s integral to my work as a Macmillan GP. Being a Macmillan GP is a fantastic job because there’s flexibility to work on the needs of your population.

I highlighted what I thought needed to be done and I was given the authority and freedom to do that. The project really goes hand in glove with my role as a Macmillan GP. I’m still a partner and a full-time GP, so it improves my skills and ability to detect cancer and support patients I’m seeing face to face.

What are your hopes for the future of the project?
I want to embed the project into normal practice for GPs and CCGs and to create a legacy for Macmillan, with each piece of work creating a foundation to be built on over subsequent years, adding different strands. I’d also love other people to learn from the successes and mistakes I’ve made. Other Macmillan GPs are now contacting me to say, ‘How did you manage to do this? What worked well for you?’ That gives me an opportunity to share the outcomes, so the project can develop onto a national footing.

What are the biggest challenges you’ve faced whilst developing the project?
The complexity. I think the scale of the problem with cancer is often overwhelming and it’s difficult to manage change. I also wanted to do something that was wide-ranging yet focused, so it was a balance of having dedicated projects across the cancer cycle.

What are the rewards?
The main reward is that my team and I really feel we’re making a difference for patients. We created projects which themselves created positive outcomes. I almost looked at it backwards, thinking, ‘What would make a difference for a patient?’ I’m also absolutely delighted that across my peer group, every single practice has signed up to the project and is fully engaged and enthusiastic. The project is very much ongoing. Embedding ‘Think Cancer’ and the cancer priorities within CCGs has meant they are now investing more money which allows us to develop projects further in the future and have more people ‘thinking cancer’.

‘The main reward is that my team and I really feel we’re making a difference for patients.’
Tackling the late effects of pelvic radiotherapy

A Macmillan and TrueNTH partnership is supporting people in Cardiff after pelvic radiotherapy.

My new nursing post is jointly funded by Macmillan and TrueNTH: a Movember initiative managed by Prostate Cancer UK. The aim of the post is to support people in Cardiff who have developed gastrointestinal (GI) symptoms after having pelvic radiotherapy, including those with gynaecological, colorectal and urological cancers.

The role was developed to support the EAGLE study led by Cardiff University. This stands for improving the wellness of men by Evaluating and Addressing the Gastrointestinal Late Effects of radical treatment for prostate cancer. Support from Macmillan has extended the role to support people who have had any type of pelvic cancer.

Understanding the issues
Up to 90% of people who have had pelvic radiotherapy may go on to develop GI symptoms during or after treatment, and even many years later.1 Chronic symptoms can include rectal bleeding, diarrhoea, faecal incontinence and many other problems, which are often embarrassing and debilitating.

Until recently, few patients were referred for gastroenterology input because it was thought little could be done to help resolve these issues. Sometimes people also feel guilty complaining about symptoms caused by treatments that have cured their cancer. However, guidance produced by a team from the Royal Marsden Hospital, with input from gastroenterologists, has transformed the assessment and treatment of this group of people. The resulting document, The Practical Management of the Gastrointestinal Symptoms of Pelvic Radiation Disease2, forms the basis of the new Pelvic Radiation Disease Clinic in Cardiff and Vale University Health Board. Macmillan has also produced a ‘quick guide’ for non-specialists based on the original document and this can be found at macmillan.org.uk/GIquickguide

Increasing referrals
I undertake an in-depth assessment of each person and request appropriate investigations. Abnormal results are then identified and treatment begins, which can include dietetic intervention (a dietitian is attached to the clinic) or medical therapy. The number of people being seen is increasing by the week as clinicians are becoming more aware of the service.

It is too early to provide much in the way of clinical data, but certainly initial feedback from patients is that it is a huge relief to be able to talk about their symptoms and that hopefully their lives can be improved.

Future plans for the service include setting up a patient support group and improving access to psychological care. We also want to provide education to healthcare professionals involved in the care and follow-up of people who have had radiotherapy for pelvic cancers.

Further information
Helen Ludlow
Macmillan/TrueNTH Nurse for Late Gastrointestinal Effects of Pelvic Radiation Disease
University Hospital Llandough
Cardiff and Vale University Health Board
helen.ludlow@wales.nhs.uk
0292 071 6403

References
Preparing children for loss

Claire Hall and her colleagues have developed a childhood bereavement checklist.

Each year more than 24,000 children in the UK experience the death of a parent.1 By the age of 15 around one in five children will have lost a parent, sibling, grandparent or friend.2

As Macmillan nurses working within a specialist palliative care unit, we frequently support patients, families and carers who may need help preparing children for bereavement. It is crucial for us to take a caring approach that embraces practical, psychological, psychosocial and spiritual support. We know that early and proactive interventions to prepare children for loss can help them adopt healthy coping strategies.3

By investing time in exploring family dynamics, we can identify all of the children who may be affected, including those who we may not meet directly.

Our children’s checklist
Communication and documentation are pivotal to our assessments. To support this, we have developed a ‘children’s checklist’ as a form of documentation. The checklist gives us a structure to explore:

• the understanding individual children within a family unit have about the current ill health of a person
• how they are reacting to the situation
• how we can link in with schools and other broader social networks or agencies involved, to direct timely conversations and signpost to support where needed.

The form includes space for us to write down:
• the names and dates of birth of different children who are affected
• roles and contact details of key carers for children, and who we can contact at their schools
• information resources or memory boxes children have received
• the children’s understanding of what is happening and their coping mechanisms
• any wishes that parents or carers have around guardianship or future care arrangements
• details of other agencies involved in supporting children.

How we use the checklist
We use this document to support our holistic needs assessment. It can be completed from a multi-disciplinary team perspective.

The checklist allows us to explore opportunities to create and capture future memories for children and young people, and to promote resilience in the face of loss. In addition, any legal arrangements can be highlighted and addressed, along with the acknowledgement of any wishes and future care arrangements.

This tool has been extremely valuable and well used within our team, enhancing patient care. It is felt this tool could be easily applied by other services, to give a structure to supporting families at challenging points in their journey.

The checklist will be made available via the online edition of Mac Voice at macmillan.org.uk/macvoice or you can email me for further details.

Further information
Claire Hall
Macmillan Clinical Nurse Specialist
Hayward House Specialist Palliative Care Unit
Nottingham University Hospital
claire.hall@nuh.nhs.uk
0115 993 4977

References
Su Higgins, Macmillan Mobile Information and Support Specialist

My role involves providing free, confidential information and support for anyone affected by cancer in a variety of community settings. This includes working from our Macmillan vehicles in town centres, workplaces, county shows and faith events, and outreach events in local communities. Our “drop in, no appointment” provision is ideal for accessing harder to reach communities and localities, for example BME (Black and Minority Ethnic) and traveller communities.

The title of Macmillan professionals recognises our commitment to delivering a high-quality care experience, along with information and support, for people facing a difficult period in their lives. Equally, it highlights the role we play in raising awareness of the variety of Macmillan services available.

‘I have great pride in all the achievements of the Mobile Information and Support Service. I remember one lady in great need of financial help coming onto the
in the range of support available from Macmillan. As part of my role I signpost people to other support organisations and local Macmillan services, and put people through to the other teams including Cancer Information Nurse specialists, Welfare Rights and Financial Guidance.

‘I remember speaking to someone who had received positive news about his diagnosis. He found he was feeling negative and anxious when he felt he should be happy. I gave him space to talk and empathised with how he was feeling. He identified that he may benefit from speaking to other people who had had similar news, so I looked at local support groups and we talked about the online community. By the end of the call he sounded a lot more positive, and said I had helped just by listening. Sometimes simply having someone to talk to is all somebody needs.’

Sue Green, Senior Information Development Nurse – London

‘I am part of the team that develops and reviews Macmillan’s information for people affected by cancer. We provide online information, booklets and leaflets, audio books, e-books, videos and information in different languages.

‘Information can make all the difference to someone who has been diagnosed with cancer and their family and friends. People may be given a lot of information at hospital visits but they will often think of questions while at home. They need information they can rely on to help them make sense of what they’ve been told and make decisions about their treatment.

‘Being a Macmillan professional is recognition of the fact that, while our team doesn’t have a lot of face to face contact with people, the work we do can make a real difference. It plays a huge role in the support we give to people.

‘People affected by cancer are involved in reviewing our information, and their contributions help us to get their perspective and understand the sorts of questions they have. We recently had an email from someone who wanted to say thank you for the way our booklets are written. She said they had been a life-saver to her and made things a lot easier. Our information is used by hundreds of people every day and it’s great when we hear that it’s made a difference.’

Hazel Slow, Macmillan Information and Support Officer, Macmillan Support Line – Shipley

‘I am a listening ear for people with cancer, as well as carers, friends, relatives, employers and healthcare professionals, offering emotional support and space to talk. For many people it may be the first time they have spoken to someone about how they really feel, and it is rewarding to be a friendly voice on the end of the phone for people who are often feeling alone.

‘Becoming Macmillan professionals recognises the part our team plays in the range of support available from Macmillan. As part of my role I signpost people to other support organisations and local Macmillan services, and put people through to the other teams including Cancer Information Nurse specialists, Welfare Rights and Financial Guidance.

‘I remember speaking to someone who had received positive news about his diagnosis. He found he was feeling negative and anxious when he felt he should be happy. I gave him space to talk and empathised with how he was feeling. He identified that he may benefit from speaking to other people who had had similar news, so I looked at local support groups and we talked about the online community. By the end of the call he sounded a lot more positive, and said I had helped just by listening. Sometimes simply having someone to talk to is all somebody needs.’

Sue Green, Senior Information Development Nurse – London

‘I am part of the team that develops and reviews Macmillan’s information for people affected by cancer. We provide online information, booklets and leaflets, audio books, e-books, videos and information in different languages.

‘Information can make all the difference to someone who has been diagnosed with cancer and their family and friends. People may be given a lot of information at hospital visits but they will often think of questions while at home. They need information they can rely on to help them make sense of what they’ve been told and make decisions about their treatment.

‘Being a Macmillan professional is recognition of the fact that, while our team doesn’t have a lot of face to face contact with people, the work we do can make a real difference. It plays a huge role in the support we give to people.

‘People affected by cancer are involved in reviewing our information, and their contributions help us to get their perspective and understand the sorts of questions they have. We recently had an email from someone who wanted to say thank you for the way our booklets are written. She said they had been a life-saver to her and made things a lot easier. Our information is used by hundreds of people every day and it’s great when we hear that it’s made a difference.’

Hazel Slow, Macmillan Information and Support Officer, Macmillan Support Line – Shipley

‘I am a listening ear for people with cancer, as well as carers, friends, relatives, employers and healthcare professionals, offering emotional support and space to talk. For many people it may be the first time they have spoken to someone about how they really feel, and it is rewarding to be a friendly voice on the end of the phone for people who are often feeling alone.

‘Becoming Macmillan professionals recognises the part our team plays
Learning disabilities and cancer

Mac Voice speaks with Tracey Lloyd about her award-winning work across Wales supporting people with learning disabilities and cancer.

Tracey is a Macmillan specialist nurse for learning disabilities based in Hywel Dda University Health Board. She is also the all-Wales lead in this field for Macmillan.

The Royal College of Nursing in Wales awarded Tracey its 2015 Mental Health and Learning Disabilities Award, for a cancer awareness course she developed called Check 4 Change. Among other things, the course helps people with learning disabilities understand how to check their body for cancer, and tells them where to go for help if they notice any changes.

Tracey works closely with the learning disability charity Carmarthenshire People First (CPF) to deliver the course. She says: ‘It would have been impossible to create such a person-centred initiative without the commitment and focus from the experts at CPF.’ Tracey and CPF members Wendy Thomason and Chris Liscka have taken the course to groups and organisations all around Wales.

Handing back control

As Tracey explains, the general population is living longer, and so are people with learning disabilities. This means the number of people being diagnosed with cancer is also increasing. ‘But people with learning disabilities still die younger than the general population,’ Tracey points out, ‘and they often have two or three chronic and very complex health conditions.’

‘People with learning disabilities are often dismissed as being unable to understand serious health problems, but nothing could be further from the truth.

‘We work hard to hand back control. We designed our core educational package in consultation with people with learning disabilities. After each training session we review the training.

‘The project has transformed people’s lives by giving them an understanding of issues that affect them, but which are all too often not discussed with them.’

Supporting carers

‘When a person with learning disabilities is diagnosed with cancer, the role of the carer is vital,’ says Tracey. ‘Clinicians usually break the bad news to the patient, but often the carer has to help explain. This is a difficult conversation and one for which they are not trained.

‘The training courses we run can help carers deliver bad news to people with learning disabilities.'
‘We also run courses to support carers with the emotional effect this has on them.’

Check 4 Change courses can also help with the emotional stress of being diagnosed or having family members diagnosed.

**Influencing services**

Tracey says the project group are having an influence across Wales, by actively running ‘train the trainer’ courses.

The group also aims to improve the capacity of cancer care services to include people with learning disabilities, and to create networks between primary care, cancer services and learning disability services.

Tracey says: ‘To achieve some of our ambitious aims, we created a steering group at the beginning of the project to oversee work and ensure we didn’t stray off target.

‘We have now held two conferences with rich programmes covering palliative care, cervical screening and end-of-life care, and we have been able to get key influencers from the Welsh government to attend.

‘Our second conference was aimed at health and social care professionals in England and Wales and included 125 delegates, directors of nursing and student nurses.

‘Educating health and social care professionals about the needs of people with learning disabilities and cancer is a huge ongoing task. We are continuing to do this and are in the process of liaising with palliative care colleagues in a neighbouring Welsh health board.’

Tracey hopes that awareness and research summaries will influence data collection in Wales, so that more accurate information is gathered about learning disabilities and cancer, promoting changes where needed and impacting positively on health.

The team offers bespoke training and support to all on request. Tailored training courses have covered issues such as managing appointments and medication, understanding illness, and coping with loss.

With all of this work, it is easy to understand why Tracey won the Royal College of Nursing in Wales award. ‘Winning the award meant a great deal to learning disability nurses everywhere,’ she says, ‘because it raised our profile and is recognition for the specialist profession it is.’ Tracey donated her £500 winning cheque to Carmarthenshire People First.

Search Facebook for ‘Macmillan Learning Disability Wales Project’ or follow @ldmacnews to keep up to date with the project on social media.

**Further information**

Tracey Lloyd
Macmillan Clinical Nurse Specialist, Learning Disabilities
Ty Bryngwyn Hospice, Prince Philip Hospital
Llanelli
tracey.lloyd@wales.nhs.uk
0155 478 3726
Facilitating better end of life care

Theresa Richards was named Palliative Care Nurse of the Year at the International Journal of Palliative Nursing (IJPN) awards in 2015.

The Macmillan End of Life Care Plan Facilitator post was created in 2008 with three years of funding from Macmillan. I was seconded into the role, which was the first of its kind in Wales, after working as a Macmillan palliative care nurse specialist.

I wrote a Mac Voice article about my role in 2010. I was really honoured to win the Macmillan in Wales Centenary Professional Innovator Award in 2012, and then to be named Palliative Care Nurse of the Year at the International Journal of Palliative Nursing awards last year.

As the role initially developed, it evolved across our health board, which covers a wide area of North Wales. Through auditing and evaluation, I was able to demonstrate the need for additional postholders. As a result, and with funding from Macmillan, my colleagues Teresa Davies and Jayne Emsley joined me in 2015 to form the Macmillan End of Life Care Plan Facilitation Team. My role is now substantive and is funded by the Betsi Cadwaladr University Health Board.

Our goals
The Macmillan End of Life Care Plan Facilitation team aims to achieve the following:

- Advise and support GP practices, to help them develop multidisciplinary team meetings and identify palliative care patients in their practice population.
- Train and educate healthcare professionals in end of life care, including documenting advance care planning conversations.
- Facilitate teams and individuals to develop their skills and expertise, to improve end of life care delivery in their organisation.
- Provide palliative and end of life care training in care home and secondary care settings.

One of our key deliverables is to influence provision of care indirectly, through robust and evidence-based education programmes. We have been acknowledged by the Bevan Commission for our prudent health care initiatives.

Our goals are aligned to the Welsh Government Delivery Plan Together for Health (2013–2016). We have engaged with key stakeholders in all areas of the health board including service users, social care and third sector providers to facilitate a shared vision, clinician engagement and ownership.

We promote advance care planning through the education programmes, as a key means of improving care for individuals nearing the end of their lives. This will then lead to better planning and provision of care, helping individuals live and die in the place and manner of their choosing and involving family members as appropriate, which
are aligned to seven of Macmillan’s nine outcomes.

Education programmes in nursing homes
A key development has been our implementation and evaluation of successful education programmes for nursing homes. The team has worked across North Wales to deliver the ‘six steps to success’ training programme to forty nursing and residential homes, and Flintshire adult social services has funded a project nurse, Sarah Dickinson, to support the team in the delivery of the programme. The programme aims to enable residents to stay in their place of choice for end of life care and prevent unnecessary hospital admissions.

Before our first cohort of care home education, 23% of residents’ deaths were in hospital. After the course this dropped to 11%, and at six months post-course this had dropped to 8%.

Following this evaluation, there was a significant decrease in the number of people being admitted from nursing homes dying in hospital. This has had a measurable impact on costs in the acute setting, improving efficiency in reducing the average length of bed days. As part of the criteria for accessing the educational programme, care homes agree to share their information for audit and research purposes.

Quotes from staff during training
‘Increased my awareness and skills related to end of life care, and related to my practice and residents.’

‘It will improve care of the dying.’

‘I now want to go back to practice and improve patient care in the last days of life.’

A quote from relatives after the training in a care home setting
‘The dedication and devotion in the excellent care Dad was given was the very best we could have wished for him. Your kindness and understanding shown to Dad and our family and the support we were given has been very much appreciated and will never be forgotten’.

Expanding our influence
Our future plans include developing a ‘train the trainers’ course, continuing to roll out the six steps programme, and further empowering all health professionals with the skills to deliver the highest standards of palliative and end of life care. We have had two posters accepted for the 11th Palliative Care Congress (this year held in Glasgow) and a poster accepted for the International Forum on Quality and Safety in Health Care in Sweden, both in 2016.

Further information
Theresa Richards
Macmillan Lead End of life Care Plan Facilitator
Maelor Hospital, Wrexham
theresa.richards@wales.nhs.uk
0197 872 7177
Health after treatment

Kirsty Gillespie is a Health and Well-being Practitioner and supports people after treatment.

As a result of earlier detection and better treatment options, more people are surviving a diagnosis of cancer. Unfortunately, services to support these people after treatment have not kept up with the ever-changing world. My role of Health and Well-being Practitioner was created to meet this need, as part of the Scotland-wide Transforming Care After Cancer Treatment (TCAT) programme.

TCAT aims to develop and implement models of care that:
• enable people to be more active in managing their own care
• provide services tailored to people’s needs and preferences
• support people to deal with the physical, emotional and financial consequences of cancer and its treatment
• improve integration between services and provide more care on a local level.

As Health and Well-being Practitioner within a TCAT project team, my job is to ensure that individuals living with and beyond cancer are prepared and supported to live with the consequences of the diagnosis and its treatment.

Assessing concerns
Patients from breast cancer and colorectal cancer pathways are automatically invited to our health and well-being clinics 6–8 weeks after their treatment ends. During the appointment they are asked to complete an electronic holistic needs assessment (eHNA). The purpose of the eHNA is to provide a brief holistic assessment of people’s concerns as they go through their cancer treatment and beyond.

The eHNA also identifies services and resources that may be of use, and informs the development of a collaborative care plan to resolve these concerns. The person is then given a copy of the care plan as a reminder of everything that was discussed and to promote self-management. A copy is also sent to their GP.

The value of the eHNA
The eHNA is a valuable tool in identifying concerns that the person may previously have been reluctant to bring up. For example, many patients have highlighted financial concerns using the eHNA and informed me that they were glad that it was part of the assessment, as they would never have thought of discussing it at a clinic appointment. By highlighting these concerns, I was able to signpost or refer people on to appropriate services. This has made a difference to people’s well-being, as some of their worries have been eased.

Evaluating and improving
Following successful implementation within the breast and colorectal cancer pathways, we are opening up our services to include head and neck and gynaecological cancers. This will enable these patients to attend the health and well-being clinic and complete an eHNA and care plan. Our next steps will be to analyse our data for evaluation. Questionnaires have been sent to patients who have attended and they will continue to be sent out as part of a rolling programme. The project team will also focus on communication, aiming to improve awareness of the project and to ensure people understand the purpose of the clinics.

Further information
Kirsty Gillespie
Health and Well-being Practitioner
Ailsa Hospital, South Ayrshire
kirsty.gillespie@aaahc.scot.nhs.uk
0129 251 3176
In this section

24 Improving outcomes for older people
   Jagtar Dhanda,
   Macmillan Head of Inclusion

25 Listening to older people
   Ang Broadbridge, National Development Officer, OPAAL
   (Older People’s Advocacy Alliance)

26 Dementia and cancer
   Lorraine Burgess, Macmillan
   Dementia Nurse Consultant
Improving outcomes for older people

Macmillan Head of Inclusion, Jagtar Dhanda, describes the key findings of recent Macmillan research into cancer and older people.

By 2030, it’s expected that 22% of the UK population will be made up of people aged 65 and above, and the fastest growing age group within this demographic will be those aged 85 or over.\(^1\) This has obvious implications for our health and social care systems, not least when you consider that older age is the biggest risk factor for cancer incidence. Older people are also likely to experience significant variation in cancer outcomes. With that in mind, it’s crucial that we not only try to expand our evidence base, but also that we work with older people to drive solutions to improve their poorer outcomes.

**Exploring attitudes and behaviours**

Last year, the Macmillan Inclusion Department commissioned the research consultancy Ipsos MORI to survey 1,500 people – both with and without cancer – to compare the attitudes of people aged 65 and over with those aged between 55 and 64. We did this because, while in recent years there have been welcome developments in the evidence base on outcomes for older people affected by cancer in the UK, little is known about the attitudes of older people themselves towards cancer. This includes their knowledge, beliefs and behaviours, and how these might impact upon outcomes.

The research shows that there are a range of factors and values that determine how older people seek and access support, as well the importance they may place on active treatment. But these values and attitudes do not translate into older people getting access to treatment. Cancer care needs to remain patient-centred and healthcare professionals must be proactively involved in adopting assessment methods that test a person’s overall physical and mental well-being, to ensure treatment decisions are not based on age alone.

This approach has been recognised by the recent Cancer Strategy for England. In order to help with designing this method, Macmillan has convened an Expert Reference Group for Geriatric Oncology which brings together older people living with cancer and a range of health and social care professionals. However, an intervention to improve the assessment of older people will in itself not be enough.

Macmillan’s patient research identifies that it is often when treatment finishes that many additional problems arise for older people. If patients are to manage their illness and stay out of hospital, a broader range of support will need to be applied, which connects multidisciplinary teams across health and social care.

The report, *Exploring the Attitudes and Behaviours of Older People Living With Cancer*, is available at macmillan.org.uk/inclusion

Further information

Jagtar Dhanda
Head of Inclusion
Macmillan Cancer Support
jdhanda@macmillan.org.uk

References

Listening to older people

OPAAL has produced a series of videos demonstrating the value of its advocacy work.

‘I wish advocacy had been available at that time. They could have supported me a lot. I didn’t always feel I was making an informed choice. Even just a bit of support during appointments would have helped me take it all in.’ Anne

Supporting people like Anne to tell their own stories, in their own words, is at the heart of our Older People’s Cancer Voices Project.

As part of the project, we at OPAAL (Older People’s Advocacy Alliance) – with funding from the Department of Health and support from Macmillan – are helping older people to engage with health and social care professionals.

The aim is partly to increase understanding of the issues important to older people. But we also want professionals to see the benefits of advocacy support.

Our Cancer, Older People and Advocacy project sees volunteer peer-advocates using their experiences to support older people. Older people affected by cancer tell us they face a huge range of issues, and not only clinical ones. These issues can include questions or worries about advance care planning, making a will and limitations on driving. They can also be about insurance, housing issues, accessing financial support, and telling family and friends about their diagnosis. Advocates can help with all of these issues, by drawing on their own experiences or connecting the person they are helping with the right information and support.

As lead for the Older People’s Cancer Voices Project, I’ve been working alongside older people affected by cancer to explore and share these key messages for health and social care professionals.

Video stories

These key messages are encapsulated in a new series of videos we have produced about the value of advocacy. We created them by working with older people, advocates and health and social care professionals. We’re aiming to increase referrals to peer advocacy services; to raise awareness of the issues affecting older people affected by cancer; and to support the strategic development of cancer support and care services.

These quotes from the videos give an idea of the powerful stories they show:

‘Living with cancer can be lonely. Peer support is essential... even when family and friends were at hand, they needed me to be strong when I didn’t always feel like it.’

‘Our normal lives stopped at the point he was diagnosed as having cancer. Work stopped, our social life stopped, life as we knew it. I felt older than my years almost overnight.’

‘The medical people will look after you, but you need someone to talk to; to say all of the things you can’t say to your family or friends.’

These are just some of the key messages older people affected by cancer would like decision-makers to know. We hope that you will support us by viewing and sharing our videos with your colleagues. In doing so, you will be helping OPAAL to share these vital messages. Watch them at tinyurl.com/opaal-videos

To find out more, and explore whether there is a local Cancer Older People and Advocacy project in your area, please visit opaalcopa.org.uk/about

Further information
Ang Broadbridge
National Development Officer
OPAAL (Older People’s Advocacy Alliance)
angela@opaal.org.uk
0785 488 0675
Dementia and cancer

Lorraine Burgess on her role as the first Macmillan Dementia Nurse Consultant.

Dementia is one of the biggest challenges facing the health economy today. It is estimated that 24.5 million people in the UK – a staggering 38% of the population – know a family member or friend with dementia. It is a frightening condition that touches the lives of many of us. It is also now the most feared condition among people over 55 years in the UK1 and the number one cause of death in older women.2

Cancer specialists are treating an increasing number of people who present with both cancer and dementia. Both conditions are primarily diseases of older people, with currently more than three in five cancers being diagnosed in people aged 65, and one in three people affected by dementia over the age of 65. It is estimated that 850,000 people in the UK currently have dementia.3

Becoming the first Macmillan dementia nurse
There is often poor recognition and understanding of the issues faced by people living with both cancer and dementia. Sadly, support is lacking in this area. With this in mind, Macmillan and the Christie Foundation Trust had discussions about creating a new nursing role, to improve care for people with this joint diagnosis. These conversations led to me becoming the first Macmillan Dementia Consultant Nurse in July 2013 as part of a three year project.

With joint funding from the Christie Foundation Trust and Macmillan, I work for three days a week at the Christie and for two days in the community within Central Manchester. The overall aim is to ensure that people living with cancer and dementia are supported physically, emotionally and psychologically, particularly when more complex issues arise: for example, the question of whether oncology treatment is in the best interest of a person with an advanced dementia.

Consent to treatment
One of the biggest challenges in treating someone with cancer and an advanced dementia is consent around treatment and whether it is actually in their best interest. If an oncologist or clinical nurse specialist has concerns about treatment or a person’s mental capacity to give informed consent, I can assist in the decision-making process. Networking and partnership working are imperative when these crucial questions exist around consent to treatment and the decision to treat. In addition, if there are concerns about a person who has cognitive impairment with no indication as to the cause, I can assist in performing cognitive tests to assess and aid diagnosis.

A multi-faceted role
My role in the Christie is in part clinical: providing advice and support regarding care and decision-making for treatment of people with dementia and cancer. It is also partly educational: supporting and facilitating staff to develop their skills and confidence in delivering care to people with both conditions. It also has a strategic element of developing services,
with the aim to improve quality of care for people with dementia while also ensuring compliance with government targets and initiatives.

It is also vital that I ensure carers’ psychological and emotional needs are addressed, as these are too often ignored. The carers I support may be in a range of situations, including those who have cancer and are looking after a loved one with dementia.

Working outside of the Christie, the community part of the role aims to provide education in dementia care. I work to extend the knowledge, confidence and skills of health and social care professionals when they work with people who have dementia. I can do this through presentations, didactic teaching or bespoke training, as well as through joint working and mentoring.

The role also involves research. I evaluate the training sessions with health and social care professionals and look for ways to improve them. I am also looking into carers’ needs in detail. For example, we know that identifying pain can be problematic when caring for people with dementia and cancer. A small piece of research around the use of pain tools and dementia is one of my plans for the near future.

In 2014, Lorraine won the prestigious Nursing Times Nurse of the Year Award for her work in this role.
New

Preparing a child for loss MAC15372
This booklet has been created in partnership with Winston’s Wish, the charity for bereaved children. It is for parents who are near the end of life, and aims to help them talk to their children and prepare them for loss.

After someone dies – coping with bereavement MAC15371
This is a booklet for people coping with the death of a partner, family member or friend. It covers the practical and emotional aspects of bereavement and discusses the different feelings people may have.

Updated

Coping with fatigue MAC11664, 7th edition
Aimed at people who have fatigue as a result of cancer or its treatments. Looks at why fatigue arises and how to deal with it at work and home, and also covers diet, exercise, relaxation and sleep. Includes a section for carers and a list of further sources of support.

Be there for someone facing cancer MAC14072, 2nd edition
When someone you care about is diagnosed with cancer it can be hard to know what to say or do. This guide is full of advice about how you can help make sure they don’t have to go through it alone.

Order free copies
Visit be.macmillan.org.uk or call 0800 500 800. Some of our resources are also available as audiobooks.

Crossword

Clues across
1 Rounded wine glass
4 Vagrant
7 Tennis contest
8 Beat rhythmically
9 Strong and bulky
11 Long-necked African animal
13 Muslim double veil
15 Detested
17 Ink spot
18 Soft red fruit
20 Guttural Tirolean song
21 Sinew

Clues down
1 Retriever or spaniel (3,3)
2 Weaving machine
3 Frighten greatly
4 Rubbish
5 Wood chopper
6 Small-minded
7 Castle tower
10 Household group
12 Seriously sincere
14 Young cat
15 Eskimo sledge dog
16 Wooden fixing pin
17 Husks of cereal grain
19 Scarlet