'The World Conference on Lung Cancer was a chance to share learning with international colleagues.'

Carol Davies
Macmillan Lung Cancer Clinical Nurse Specialist

In focus:
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As these facts from our upcoming annual report show, in 2015 Macmillan reached more people affected by cancer than ever before.

We reached an estimated **5.8 million** people...

...and **86%** of those people used more than one of our services. So we’re not only reaching more people but meeting more needs – emotional, practical, financial, healthcare and information support.

In 1975 we introduced a team of nurses who helped around **250** patients. In 2015 Macmillan nurses reached over **590,000** people, and in total we had **6,265** healthcare professional posts.

1975 250

2015 590,000

Our one-to-one support services reached over **15,000** people. That’s **9,000** more than 2014, as pilot sites bedded in and were able to provide support to more people than in earlier years.

2014

2015

We celebrated **40** years since the first Macmillan professional was appointed... and the number of Macmillan Professionals posts increased to over **8,000**.

We offered more support tailored to local needs. Every one of Northern Ireland’s **96** public libraries now provides information and advice about cancer. Every single new cancer patient in Glasgow is being offered support with all of their needs; not just medical needs but help at home and even child care, from diagnosis onwards.

Our Macmillan at Work service continued to help employers provide the right support for employees affected by cancer... keeping them in work, or getting them back as soon as possible. The programme engaged **1,900** new organisations to sign up. Over **3,000** are now signed up.

We helped more people with money worries. We reached over **68,000** people through Benefits Advice schemes, **22,000** people through our Welfare Rights team via the Macmillan Support Line (including debt and energy advice), and **5,000** people through our Financial Guidance service. See the In Focus section on page 24 to find out more about our financial specialists.

We reached almost **33,000** people through grants and gave out almost **£12 million**.
In brief

Mobile services provides support to Gurkha families
Working alongside the Gurkha Welfare Trust and The Forgotten British Gurkha Charity, the Mobile Information and Support Service have been delivering their services to members of Gurkha and Nepali communities affected by cancer. They delivered cancer awareness talks and one-to-one support over two weeks in Aldershot and Reading, with interpreting support from Gurkha community members.

New Mental Health Taskforce established
Macmillan’s Inclusion Department has established a patient and carer-led mental health and cancer taskforce, to better understand and tackle the specific inequalities experienced by people affected by both cancer and mental health problems. The taskforce aims to bring together patients, carers, professionals and partner organisations to co-design potential ideas for change. For more information contact Maya Albert at malbert@macmillan.org.uk

Introducing the new Macmillan Organiser

People affected by cancer and health professionals have helped us revise this popular resource.

The new Macmillan Organiser is more compact than the last version – but it also has more space for people to store other information, forms or booklets in one place. People can use it to:
• keep the contact details of their health professionals together
• record what they discuss at appointments
• record their medication, when it should be taken and any side effects
• note down how they’re feeling.

People can also use the organiser to keep notes about their diet, physical activity, and their plans for sorting out practical issues such as getting help around the home.

The format of the new organiser is different, with a central pouch containing three different booklets that people can write in: ‘personal’, ‘looking after yourself’ and ‘medical’.

Each booklet also includes relevant information content taken from our booklet The Cancer Guide, which we have also just updated. The Cancer Guide is an ideal resource for people who have recently been diagnosed, or family members and friends who want to know more about what to expect after a cancer diagnosis.

More information
Visit be.macmillan.org.uk to order the Macmillan Organiser or The Cancer Guide, and please do let us know what you think – email cancerinformationteam@macmillan.org.uk

Information and Support Conference 2016
This year’s Macmillan Information and Support Conference took place at The Queen’s Hotel, Leeds on 15 and 16 June. The conference saw Information and Support professionals from across the country come together to develop themselves, support each other and showcase their resources. Look out for reports from the conference in the autumn edition of Mac Voice.
Northern Ireland Health Minister, Simon Hamilton, has announced an £11.5 million expansion to the specialist cancer nursing workforce, creating around 60 new specialist cancer nursing and support worker posts over the next five years.

Minister Hamilton revealed that the additional posts would be funded by the Health and Social Care Board (HSCB), in partnership with two charities. The HSCB will invest £2.4 million, Macmillan will provide £7 million, and Friends of the Cancer Centre have pledged a further £2.1 million.

Minister Hamilton said: ‘More cancer specialist nurses are needed in Northern Ireland, and this significant investment will create around 60 new posts which is excellent news for local patients. The new clinical nurse specialists and support workers will be spread across all five health trusts and will focus on different cancer types, according to current patient need.

‘Clinical nurse specialists work at the front line of cancer care, providing patients with support during and after treatment. They are the main point of contact for patients and their families, play a vital role in the coordination of care, and ensure that patients receive the holistic support they need to meet their clinical and emotional needs. They are greatly valued by patients and this investment will benefit patients directly with more nurses on the ground.’

In 2014, Macmillan commissioned a census of clinical nurse specialist provision across the UK. Heather Monteverde, Macmillan’s Head of Services in Northern Ireland, said: ‘Macmillan first established clinical nurse specialists in the 1970s and we have been campaigning for the last 10 years to increase clinical nurse specialist numbers here in Northern Ireland.

‘We have been working closely with the Health and Social Care Board and are delighted to be able to invest £7 million over the next five years to ensure that newly diagnosed patients are supported by a clinical nurse specialists – wherever they live, whatever type of cancer they have, and whichever hospital they attend for treatment.’

More information
You can contact Rosy Billingham, Macmillan Communications and Campaigns Manager for Northern Ireland, at rbillingham@macmillan.org.uk
When breath becomes air

Lucy Kalanithi visited Macmillan to talk about her late husband’s best-selling memoir.

We were privileged to host Lucy Kalanithi at Macmillan’s London office in February, for a talk to staff about her husband’s memoir ‘When Breath Becomes Air’.

The book, which has become a number one New York Times bestseller, was written by Paul Kalanithi as he faced a terminal cancer diagnosis. Paul was an American neurosurgeon who had studied at Stanford, Cambridge and Yale universities. He was 36 when diagnosed with stage four lung cancer. The book explores his experiences of facing cancer as both a clinician and a patient, and his reflections on what it means to live and die well. Lucy and Paul had a daughter in the months before he died, and the book is dedicated to her.

Lucy, who is also a doctor, told Macmillan staff: ‘I have family in the UK and when they heard I was coming here, they all knew exactly what you do and have such a positive sense of the support you provide.’

Lucy read excerpts from the book and told Macmillan Joint Chief Medical Officer, Jane Maher, about how the act of writing the book had helped Paul: ‘For Paul, ‘hope’ meant not only how long you’re going to live, but also the idea of having meaningful time and a purpose. Writing this book contributed to that hope. He felt engaged in communicating his story.’

Lucy spoke about how helpful palliative care was to her and Paul. ‘Paul was able to have a really frank conversation with his palliative care doctor about how he was going to die, what it might feel like and how he could get help with symptoms. On the flipside, another doctor did not mention anything about prognosis. I do wonder whether, had we not been doctors, that might have been confusing.’

Macmillan’s book list

Macmillan has produced a core book list to help cancer information centres and public libraries improve the quality and reliability of the cancer material they stock.

All books on the list meet key quality criteria, including having been reviewed favourably by our book review panel. Since 2007, more than 1,200 different people affected by cancer and health professionals have written over 4,500 reviews of 350 books.

Books in a similar vein to ‘When Breath Becomes Air’ that people affected by cancer have liked are:

- ‘The iceberg. A memoir’ by Marion Coutts
- ‘Late fragments. Everything I want to tell you (about this magnificent life)’ by Kate Gross
- ‘Mortality’ by Christopher Hitchens.

More information

Download the core books list or contact Sue Hawkins at shawkins@macmillan.org.uk if you would like to become a book reviewer.
Bereavement support has been part of Macmillan’s history since the charity was established by Douglas Macmillan, whose father died from cancer. As a bereaved man, he wanted to make a difference and founded the Society for the Prevention and Relief of Cancer in 1911. This went on to become Macmillan Cancer Support and we still respect that legacy. Bereavement is still central to the support Macmillan offers.

Context
More than 160,000 people die from cancer each year and many more individuals are affected by each of these deaths. Ambitions for Palliative and End of Life Care: A national framework for local action 2015–2020 sets out some clear priorities to improve the quality of end of life care and support, including support for the bereaved. The determination to improve palliative care and bereavement support is also clear in Scotland’s Strategic Framework for Action on Palliative and End of Life Care 2016–21. Both of these documents stress the role that both professionals and the public have in providing support to the bereaved, since ‘dying, death and bereavement are not primarily health and social care events; they affect every aspect of people’s lives and experience’. Macmillan contributes actively to this broad-based provision of bereavement support and can also help its professionals, in whatever role, to be part of a ‘compassionate community’.

How we can help
Information
Macmillan has a range of information, available in various formats, which can support people who are bereaved. These resources can be ordered free from be.macmillan.org.uk and include the following:

• After someone dies: coping with bereavement (MAC15371) is a brand new booklet that has recently been published, providing clear advice and information on the practical and emotional impact of a death from cancer. While aimed at people who are bereaved or preparing for bereavement, the booklet can also be used by a range of professionals to enhance their understanding.
• Preparing a child for loss (MAC15372) is a booklet created in partnership with Winston’s Wish, which helps parents and guardians support a child through loss, with suggestions applicable both before and after a death.

The Macmillan website (macmillan.org.uk) mirrors the content of these booklets for those who prefer digital information. Audio books and ebooks are also available, as well as Easy Read information for people who find it difficult to read, including those with learning disabilities. Available at macmillan.org.uk/otherformats

‘The loneliness only really kicked in after Betty passed away.’
Bill, whose wife died from pancreatic cancer in 2010

‘More than 160,000 people die from cancer each year and many more individuals are affected by each of these deaths.’
Macmillan Support Line
People who are bereaved can call to get support, advice and information from our cancer support specialists, and be directed to local services when necessary. They can also speak to our welfare rights advisers about whether they might be eligible for bereavement benefits. They can call 0808 808 00 00.

Online Community
There are two bereavement-specific groups on the Online Community (community.macmillan.org.uk). One is for family and friends, and another is for spouses and partners. Through these groups and others within the community, bereaved people can get and give support to people who have been through similar experiences.

Mobile information and support services
Staff in Macmillan’s four mobile units meet with a significant number of bereaved people across the UK, in locations where there is often no comparable service. These trained professionals from a number of relevant backgrounds can take the time to listen, support and signpost on to other agencies when needed. To find out where the mobile units will be located and when, you can visit macmillan.org.uk/mobileinfo

Macmillan professionals and services
There are Macmillan palliative care professionals, information and support centres, benefits advice services and specialist bereavement services across the country who are regularly in touch with and provide valuable face-to-face support to people who are bereaved.

Learning and development
Macmillan professionals can apply for a grant to pay for relevant development relating to loss and bereavement. Macmillan has also commissioned a range of e-learning courses for professionals available via the Learn Zone (learnzone.macmillan.org.uk). ‘Loss, Grief and Bereavement’ is one such course. Macmillan also recognises the personal impact working with loss can have. Support and supervision is vital for those professionals who encounter loss and grief as part of their work. Learn Zone also offers courses that help professionals think about emotional wellbeing and resilience.

Fundraising
Giving something back and doing something active can be an important way of remembering the person who has died. From getting involved in an event such as a marathon to setting up a tribute fund, fundraising for Macmillan can be beneficial for many people to cope with their grief. They can visit macmillan.org.uk/donate/remember-someone

More information
If you would like any further information about the range of ways in which bereaved people can get support from Macmillan, please contact Sridevi Singh and Donal Gallagher (pictured above) at ssingh@macmillan.org.uk and dgallagher@macmillan.org.uk

References
Helping Matters

Volunteer Coordinator Paula Moncrieff reports on the success of this local support service.

Helping Matters was set up as a volunteer-led service in 2014. Since the service began, Macmillan volunteers have made over 600 individual visits – the equivalent of more than 2,000 hours of volunteer support – to people affected by cancer across Scotland.

The service aims to provide practical and emotional support to people affected by cancer, in their own homes, for a short-term period. Support can include light housework or gardening, shopping, lifts to appointments, preparing a meal, befriending and companionship, and signposting to other relevant support services.

All volunteers undergo PVG (Protection of Vulnerable Groups) checks and extensive training. They come to Macmillan from a wide variety of backgrounds, but the one thing they have in common is the kindness, compassion and commitment required to carry out such a fulfilling role.

Jenny Howse, one of our support volunteers, was recruited last January. Jenny had more than 20 years of experience as a social worker. She also wanted to give back to Macmillan, following support given to her mother. These factors combined made her a positive and committed volunteer.

In June 2015, Jenny was chosen to support a young woman who had spent the previous year undergoing extremely aggressive treatment for a very rare cancer. To make matters more challenging, she was the single parent of a five-year-old boy and her immediate family lived abroad. She was feeling isolated when she was referred to the service. She was also facing numerous financial challenges, including the fact that due to the surgery she required, she could no longer return to her old job.

Every Monday for 12 weeks, Jenny collected the young woman from hospital after her immunotherapy sessions, took her home and made her something to eat, making sure she was comfortable. Jenny was a listening ear. Her calm but reassuring manner had a huge impact on the woman and her ability to get through her treatment.

Jenny helped her get the correct financial advice from the Macmillan Money Matters team in Edinburgh, and even helped her move house. Jenny says: ‘It has been a privilege to be a part of someone’s life even if it is for a short period. To witness the courage and dignity people show in the face of adversity is really enriching.’ It is often helping with the small, simple tasks that can make all the difference.

More information

Helping Matters is currently available in Edinburgh, West Lothian, Glasgow and South Lanarkshire. Contact Anna Nugent, Direct Volunteering Services Manager in Scotland, on 07977 864 289 or anugent@macmillan.org.uk
Being an Alumni Ambassador

Lynn Tanner MBE, one of our active Alumni Ambassadors, writes about how she has continued making a difference since retirement.

I worked as a Macmillan community nurse in Herefordshire for ten years. The role was very new at that time, and required much bridge-building with GPs and district nurses.

My Macmillan role involved much more learning and development than other nursing roles I had experienced. Macmillan was particularly helpful in that way - providing plenty of information, and weekend seminars where we could network and learn from each other.

After retiring, I decided to become an Alumni Ambassador to give something back. The skills I can offer are mainly based on my past roles, the ability to mix with new people, and my experiences since retiring. These include holding many Chair roles including the third-sector County Voluntary Council, Aneurin Bevan Community Health Council, Torfaen Committee, Torfaen and Blaenau Gwent Mind and Torfaen Libraries Health and Wellbeing Service.

I am currently involved with a service called Care Homes Ask and Talk (CHAaT) in conjunction with Aneurin Bevan Health Board. The project was set up following a BBC Panorama programme on Winterbourne, Bristol, where residents were treated horrifically. The service is made up of retired NHS professionals. We visit care homes to meet residents under the My Home Life Cymru scheme. Residents can talk to us in confidence about any concerns, but they also have many positive stories about staff which can help us celebrate success and share best practice.

I also sit on the interviewing panel for band 5 nurses. In June 2015, I was awarded an MBE in the Queen’s Birthday Honours List, for voluntary service to the community in Torfaen.

As part of the Alumni, I have written a blog, and spoken at a fundraising concert and the Henry Garnett Award ceremony. All of this has strengthened my connection with Macmillan. I recently met with the local Macmillan fundraising manager to discuss how I could help by collecting cheques or speaking to groups.

I feel very proud of Macmillan’s achievements. Its influence is spreading so widely, improving lives for people it comes into direct contact with and even those it doesn’t – as the work done in one area can benefit so many other areas. It was very pleasant to meet with other Alumni members at the first Alumni congress last year. It felt good to ‘be with your own kind’.

I feel the contribution of Macmillan to people affected by cancer is amazing, and if I can help, then I’m happy to.

Are you interested in continuing to make a difference to the lives of people affected by cancer by becoming an Alumni member or Ambassador? You can choose the activities and projects you’d like to do, and give as much or as little time as you want. You can also opt out of the scheme at any time. To find out more, email alumni@macmillan.org.uk
Carol Davies

Job title
Macmillan Lung Cancer Nurse Specialist

In post
Since 2003

Location
Nevill Hall Hospital, Abergavenny

Contact
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What are the aims of your role?
I support lung cancer and mesothelioma patients from initial presentation onwards. I have always had a special interest in supporting people with cancer, and feel open and honest communication is crucial.

What led you to the World Lung Cancer Conference?
Last year I decided to submit two pieces of work to the 16th World Conference on Lung Cancer in Denver, USA. I felt this would be a way to share learning with international colleagues. It was also a really good opportunity to showcase the work we are doing in Wales. The two pieces of work involved a video and a breathlessness leaflet for patients.

Tell us more about the video.
I had an opportunity to be involved in a video telling the story of Norman, a man with mesothelioma, entirely from his viewpoint. My colleague Naomi and I are Macmillan nurses, so we approached Macmillan for advice about making the video. I arranged to meet Norman and his wife, Lynne, to find out what was important to them before the video was filmed.

The video gives Norman’s account of what happened and how it affected him. It was really moving. Norman opened his story with: ‘Hello, I am Norman. I am 68-years young and I am dying from mesothelioma.’

Norman spoke of his shock at being diagnosed and his anger. He had contracted the mesothelioma
from his work as an engineer, which exposed him to asbestos. Norman felt his diagnosis had been delayed, with opportunities missed. He emphasised that people should be asked about asbestos exposure at initial presentation.

Norman also spoke about wanting to join a support group, but there were none in Wales for his condition. Norman understood why, because with this type of cancer there is no cure and patients do not survive long. He eloquently described the physical and psychological burden of the disease.

The video has been used as an educational tool for healthcare professionals.

What inspired the breathlessness leaflet?
The leaflet was inspired by our lung cancer patients, who told us they wanted straightforward information to help them cope with this complex symptom. A colleague and I had produced a breathlessness leaflet for patients some time ago. Following the appointment of Lara, a Macmillan specialist occupational therapist, the information was updated and improved. It includes a short explanation about breathlessness, how breathing works, and accessible tips, including effective techniques to overcome breathlessness and panic attacks.

What happened after you submitted the pieces?
A poster about the breathlessness leaflet was accepted. To my surprise (and initial horror) the video was accepted for an oral poster presentation.

At first, I thought: ‘I can’t do this at such a prestigious conference’. But then I thought about Norman. This was his legacy and it deserved to be heard. That really helped me prepare my presentation and I spent a lot of time thinking about how to do his story justice.

I decided to use a very pictorial presentation to convey Norman’s key points and to support it using his own words. The health board gave me study leave to attend. I am very grateful and would like to say thank you to everybody who encouraged and supported me to get to Colorado.

How did the presentation go and what do you think the audience learned?
My presentation had a powerful impact. I used a picture of Father Christmas while explaining in Norman’s words his decision to postpone his December chemotherapy. He knew this may well be his last Christmas; if it was, he wanted to enjoy it. He said he understood how a person on death row felt, as he had a death sentence and was living it... then he would be gone.

I was told by a fellow lung cancer nurse that experienced professionals in the audience were blinking back tears during the presentation.

I also received other really positive feedback about how powerful and moving the presentation was. I know how proud Norman would be that his story has been told.

The telling of a patient story is a very powerful tool that we all can learn from. Healthcare professionals need to hear patient experiences of the cancer pathway and the impact on people’s lives, so that we can optimise care.

I was very proud to be among a number of National Lung Cancer Forum Nurses representing the UK. It was evident at the conference that our lung cancer nurses lead the way in our holistic person-centred care approach.

Comment from Mat Jones, Clinical Lead for Lung Cancer in Aneurin Bevan Health Board
‘Carol is a vital and pivotal part of the lung cancer multidisciplinary team at Nevill Hall Hospital. We are very proud that she presented to such a worldwide audience. The audience will no doubt have benefited from her presentation and poster, and taken valuable information and skills back to their own practice, ultimately enhancing care for people with cancer.’
Providing continuity of care

A team of advanced nurse practitioners in Southampton is providing a more streamlined service for people affected by cancer.

The oncology unit at University Hospital Southampton NHS Foundation Trust is one of only twelve regional cancer centres in the UK, and serves a population of around 1.7 million. Services provided include medical and clinical oncology, haematology and bone marrow transplant. The trust has five cancer care wards, with two day units and a dedicated team of twelve emergency nurse practitioners within a Macmillan Acute Oncology Service.

Increasing numbers of people are being diagnosed with cancer each year, many of whom require complex inpatient care. These people often require repeated admissions, but due to junior doctor rotation, there is very little continuity of care.

As a means of improving the patient experience, the trust, with support from Macmillan, invested in a cancer care training programme for advanced nurse practitioners. We are a team of four specialist nurses, from varying cancer care backgrounds, who were given the opportunity to start and develop this new and exciting service. We are all undertaking the MSc in Advanced Clinical Practice at the University of Southampton, which we will complete in the summer of 2016.

Preventing delays

As trainee advanced nurse practitioners, we are based on the wards and day units. We work alongside the medical and nursing team, providing continuity of care five days a week, 8am–8pm. We all attend ward rounds, review patients, undertake admission clerking and facilitate more efficient discharges.

Because our team is undertaking these tasks, patients are experiencing a more timely service, without delays to treatment and discharges. We have all completed non-medical prescribing courses, which is of benefit to people with cancer and streamlines care.

Alongside the routine advanced practice tasks, we also undertake role-specific specialist procedures, which include paracentesis, bone-marrow aspirates and surgical removal of tunnelled central lines. Nurse practitioner-led pathways have been set up for elective chemotherapy and radiotherapy. There is also an established link role for metastatic spinal cord compression.

Building on the pilot

During the two-year training contract we have received very positive feedback from both patients and staff. To evaluate our effectiveness, we have looked at our contact time with patients over a set period of time and analysed the feedback from those who completed our survey. The results of all of these demonstrate the benefit of the service we provide; for both people with cancer and staff.

We are all very proud of the service that we have started and are excited about plans for the future. A business case is being developed to expand the service, including having a nurse practitioner in all areas of cancer care, seven days a week.

We feel that advanced nurse practitioners in cancer care are a valuable asset, providing the continuity of care that our patients really deserve.
An international exchange to improve MSCC services

A team of Macmillan allied health professionals visited the Istituto Ortopedico Rizzoli in Bologna.

Despite clear NICE guidance, management of metastatic spinal cord compression (MSCC) remains varied and inconsistent in the UK.

The Macmillan MSCC service improvement project in the South Wales Cancer Network, which was described in a Sharing Good Practice issue in summer 2015, explored the patient pathway and has made recommendations for treatment and care.

One area of the pathway for which it has been difficult to gain a consensus of action is timely surgical opinion and intervention. In response to this, a team of three Macmillan physiotherapists and a Macmillan occupational therapist from South Wales, along with a group of four spinal surgeons, an anaesthetist and a theatre nurse, arranged a visit to the Istituto Ortopedico Rizzoli (IOR) in Bologna, Italy. The IOR has reported excellent outcomes for patients with spinal metastases and impending MSCC following an early surgical intervention.

Sharing expertise

The group was welcomed by the lead surgeons and rehabilitation professionals at the IOR. They then shared their clinical expertise through presentations and discussions about their criteria for treatment, clinical decision forums, observational surgery and observational rehabilitation.

From an allied health professionals’ perspective, this trip highlighted the high level of clinical autonomy employed by therapists working with people diagnosed with MSCC in the UK. Despite the expertise demonstrated by the physiotherapists in the IOR, their team included a rehabilitation physiatrist whose role was to coordinate and direct rehabilitation care plans.

What we are missing here in Wales is a dedicated coordinating role which will enable provision of a streamlined, seamless service for patients with potential or confirmed MSCC. This role would provide the first point of contact for clinicians who suspect that a person may be developing MSCC. They would undertake triage assessments and facilitate investigations, transfer of care and treatment. This role would be strategic and would include advanced clinical, research/audit and educational elements.

The IOR, as with many sectors of the Italian Healthcare System, did not employ occupational therapists. The physiotherapists working there felt they would benefit from personnel who were skilled in supporting people with MSCC to regain their independence in daily activities, develop strategies to help them to re-engage with their usual occupations and enable them to fulfill their life roles. This was an opportunity for us to explain the role of occupational therapy and emphasise the importance of multidisciplinary working for making the most of potential for recovery in MSCC.

The Macmillan professionals pictured above at the IOR are grateful to Macmillan for funding this study trip. The information gathered in conjunction with the information gained by the surgeons will help to inform ongoing service innovation and development.

Further information
Kate Baker and Kathryn Elias
Macmillan MSCC Service Improvement Leads,
South Wales Cancer Network
029 20615888 ext 6340
kate.baker@wales.nhs.uk

Reference
The Macmillan Lymphoedema Association

The Macmillan Lymphoedema Association (MLA) is a UK-wide community of practice working in partnership with Macmillan.

Background
Macmillan’s involvement in education, training and setting up posts in lymphoedema is well established. This project began in 2003 with Dr Jacquelyn Todd, who was then lead clinician for lymphoedema services in Leeds. At the time, availability of education for lymphoedema within healthcare was very limited across the UK. The Peacock Trust provided funding for a project focusing on education for lymphoedema management and care. Subsequently, Dr Todd and Macmillan developed the Macmillan Lymphoedema Education Programme (MLEP).

Dr Todd was a teacher in the Casley-Smith method of Manual Lymphatic Drainage (MLD). She approached the founder of the method, Judith Casley-Smith, to help instigate its wider use, and to arrange for it to be taught as part of Mlep. MLD is a key treatment strategy for people with lymphoedema. Yet at the time it was not widely available via the NHS – a driving force for this new training initiative.

The remit of the MLEP was to train 10 healthcare practitioners to become experts and teachers in the Casley-Smith method of MLD, along with the other treatment modalities, which include compression therapy, skin care and exercise. The aim was to standardise training, ensure continued monitoring of teachers’ skills through peer review, and a continually improved curriculum established on evidence-based practice. The training programme delivered by MLEP reflected the current needs of people living with lymphoedema, and provided healthcare professionals with formal training that reflected best practice and a gold standard of care.

Healthcare professionals recruited to the MLEP became known as co-teachers. They undertook a rigorous programme of training, based on the principles of learning and teaching in higher education, with a key focus on the practical aspects of teaching needed for this type of education.

Following training, each member became a Casley-Smith method teacher and the group became the Macmillan Lymphoedema Academy (now Association). Dr Todd has since retired, but the work and aims of the MLA continue to grow and develop with the support of Macmillan and funding from the Peacock Trust.

Current membership, activity and achievements
There are currently 11 members of the MLA: Anita Hobday (Chair), Cath Groom, Rhian Noble-Jones, Melanie Thomas, Sue Desborough, Yolande Borthwick, Jeanne Everett, Cheryl Pike, Margaret Sneddon, Jacqueline Banks and Lynn Whiteside.

Further information
Helen Rickard
Consequences of Treatment
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The members have a range of professional backgrounds including nursing, physiotherapy and occupational therapy. They currently work in many different settings including universities, Welsh government, direct clinical practice and self-employment. All continue to take part in training and MLA activity.

The MLA has trained more than 700 health professionals in the management of patients with lymphoedema and chronic oedema. They continue to support professionals, by providing regular update courses to maintain competence, and ensuring the most current evidence-based practice is applied. Members complete updated courses every two years.

Each member of the MLA is influential and well-respected in the field of lymphoedema management. One member received an MBE for services to care provision in Wales, and all work at a level within care services or education that has a direct impact on policy and strategic engagement. MLA members present at conferences, write for publications and are actively involved in national groups such as the British Lymphology Society.

The way forward
Increasingly, the scope of activities which members are involved in is progressing towards influencing, policy and service development. To reflect this change, the group has recently changed its name to the Macmillan Lymphoedema Association. There is still a group focus on teaching and delivering high-quality education, and they are currently reviewing their training based on new evidence relating to treatment options for lymphoedema.

The MLA links to Macmillan via the Consequences of Treatment team, who alongside the Peacock Trust, continue to help the group deliver planned activity and their influencing aims. Our scope of work for 2016 and beyond includes the following:
• Continue updating teaching materials to reflect changes in evidence-based practice. Ensure high-quality education is being delivered on every course. We are working with fluoroscopy as a medium to assess efficacy of MLD techniques, and will review the Casley-Smith Method in line with any findings, if necessary.
• Develop an education tool for community pharmacists, covering treatment options for patients with lymphoedema and chronic oedema.
• Develop a tool to help those with uro-genital cancers at risk of developing lymphoedema to identify onset and access appropriate help.
• Continue attending conferences and events, to raise awareness of the role of the MLA and the needs of people affected by lymphoedema.
• Increase the education available for Macmillan Professionals. Maintain education programmes across the UK and develop specific programmes for non-specialists (therapists and health professionals) involved in caring for people with lymphoedema.
• Work in partnership with other national organisations on research activities and the strategic promotion of the needs of patients, their carers and families.
• Support Macmillan and others in continuing to promote best practice and care which deliver the most effective results for people living with lymphoedema.

We need you
To develop our scope of work for 2016 and beyond, the MLA would like to know what health professionals and therapists (specialist or non-specialist) need by way of education and support. We’d like to know:
• What can we do to help?
• What do your patients ask for?
• How can we help meet your needs and those of the people you support?

More information
Please email us at enquiries@macmillan-lymphoedema-association.org.uk
More information about the team, our work and lymphoedema can be found on our website: macmillan-lymphoedema-association.org.uk
One year as a Macmillan counsellor

Helen Storey reflects on her experiences after a year in post as Macmillan Oncology Counsellor at Bupa Cromwell Hospital in London.

I have been a cancer counsellor for over twenty years, working for CancerBackup and the Cancer Counselling Trust. As well as a cancer counsellor, I’m also a qualified psychotherapist. During my 11 years at the Cancer Counselling Trust, I met a Macmillan counsellor who came to join our supervision group, and was intrigued by her experience of working in a hospital. At the time I was also studying for my MSc in Person-Centred Psychotherapy at the Metanoia Institute, and just after I graduated a colleague pointed me in the direction of a Macmillan Counsellor post being advertised at the Cromwell.

One year on, I wanted to capture and reflect on the experiences and feelings I’ve encountered as a new Macmillan professional.

In my role I work with people on the wards as well as those coming in for chemotherapy and radiotherapy. I also work with people after they have completed their treatment, and I see couples, families, and people bereaved by cancer. I provide clinical supervision for staff, run a staff support group and offer crisis/short-term staff counselling.

Remembering how I felt

Remembering how I felt as a new member of staff coming into a dramatically different environment helps me provide the best possible support to those I see. I remember how overwhelming the hospital felt at first. For the first few weeks I was constantly getting lost, and that feeling of disorientation is something I always bear in mind when I meet people with cancer coming in for treatment for the first time.

I also remember being staggered by the sheer number of people working in the hospital. It has taken time for me to put names to faces, and work out everyone’s role. People I’ve worked with...
tell me how hard it can be to get their heads around all the different medical professionals they encounter. I want to ensure I remember how exhausting it was talking to people I didn’t know, and trying to retain the complex information they were giving me— and I wasn’t someone in shock from a diagnosis, or nervous about upcoming treatment.

Managing boundaries
In my role I also have to manage some complex boundaries. If I go to the waiting room to collect someone, I might find them sitting next to someone who is also seeing me, but who today is waiting for chemotherapy. Relatives may catch me on the corridor to ask how their loved one is doing, and enquire about what we discuss together.

I’m the only counsellor in the hospital but I work within a multi-disciplinary team, made up at its core of oncology doctors, a Macmillan breast clinical nurse specialist (CNS), a Macmillan palliative CNS, a Macmillan nurse navigator, nurses, health assistants, physiotherapists and a massage therapist, with access to a wider team of key people within the hospital, including consultants and surgeons. That brings with it many positive experiences as well as challenges. One of the main things I’ve realised is that when I’m around the hospital, I’m never off duty. Staff may catch me on the stairs, or when I am popping out for lunch. Even though I can arrange formal time to discuss issues, I’m aware that my responses to those rushed interactions convey something about my values and how I work as a counsellor. My sessions are confidential, so how I am on the stairs or in a staff meeting is one of the few ways I have of modelling how I work as a Macmillan Counsellor. It’s important I demonstrate that individuals deserve to be treated with respect, that feelings are worth attending to, and that reaching out for support is not a sign of weakness.

The nature of my job means it’s vital that I attend to myself. I go for a walk at lunchtime, and have some quiet time at breakfast before the rush of the day starts. My working hours can often seem at odds with those of my colleagues— they see me leaving promptly at 5pm, when they may be on shift from 8am to 8pm. In an environment where many colleagues are dealing with emergencies, the pace of my work can seem out of place. But it’s imperative I remember that what I do is no less valid.

Reflecting on what I have learnt
Now the hospital is very familiar. Staff have become colleagues and friends, and it’s hard to remember getting lost when I first arrived. But I believe as professionals we need to keep in mind our experiences of being ‘new’, so we can fully hear how intense the experience of a hospital setting can feel to someone coming in for the first time.

Speaking a shared language
Recently I visited Chelsea and Westminster Hospital to meet Russ Hargreaves, a Macmillan Counsellor there for over 15 years. Chelsea and Westminster is a much bigger hospital, but we still spoke a shared language and I went away feeling refreshed, encouraged and inspired. The Macmillan Coffee Morning in September provided a fun way for the Macmillan team at the Cromwell to come together, fundraise for Macmillan, and publicise our roles within the hospital.

Being able to meet other Macmillan professionals, and reading about good practice elsewhere has really helped me feel understood and connected. In an often hectic work environment, learning from the experiences of others helps me to step back, take a breath and anchor myself in the world again.

Further information
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Hope Online

There is ‘Hope Online’ for children and young people living with a family health crisis, as Hilary Causer explains.

Many young people who see a family member diagnosed with cancer don’t receive the all-round support they need to help them through this traumatic time. Now they all have somewhere to turn; ‘Hope Online’ is a new service launched and operated by Hope Support Services. It is free, accessible and UK-wide, utilising existing, popular social media platforms that young people are already familiar with.

Hope Support Services is a unique preventative service, available to children and young people over the age of 11. When the focus of attention is on the patient, young family members can find the uncertainty particularly hard to deal with, becoming marginalised, confused and angry. Our support is available right from the moment of diagnosis and for however long we’re needed, whatever the outcome for the patient. When a young person is better able to cope with a family health crisis, it naturally follows that they are more able to engage within their family, school, community and society at large.

In the words of one person:
‘Sometimes, knowing that other people feel the way I do and are going through similar things, makes me calmer’.

Born from the desire to extend our reach and with three years of funding from BBC Children in Need, our aim is to reach more than 500 young people by June 2018.

Our online services
We offer two distinct services online. Our ‘Suzie Hope’ service provides confidential one-to-one support with trained and experienced professionals. It offers young people a place where they can share their worries and hopes, feel supported in understanding their feelings, and develop helpful strategies for managing life’s challenges.

Secondly, ‘We Are Hope’, a facilitated peer community, provides a private space in which young people can connect, chat and share with each other. Providing information sharing, signposting and light-hearted fun, the group is facilitated and moderated by our Online Support Facilitators.

One of our young people, Jo, says: ‘Talking to Suzie Hope is completely confidential, and using We Are Hope makes you realise that even if you feel shut off with your own problems, there are others going through the same experience as you and finding it just as hard – you’re not alone in what you’re going through. It really makes a difference.’

Refer to us
We welcome self-referrals from young people and referrals from professionals and family members. For more information about services and referral routes visit our website hopesupport.org.uk or phone our team on 01989 566 317.

Macmillan and Hope
Macmillan supports Hope by investing £200,000 to fund two Macmillan youth development workers for three years. They help to extend the work of Hope Support Services, which is based in Ross-on-Wye. Its off-line services provide vital all-round support to young people and their families living in Herefordshire and Gloucestershire who have been affected by a life-threatening illness. This includes providing workshops on cooking, financial affairs and other household duties for children and young adults who have taken on these tasks because of a family member’s illness. Macmillan has also donated an extra £4,745 in grants to support the work of the service.

The Hope Online services can be accessed at hopesupport.org.uk/online-support

Further information
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NHS inform is Scotland’s national online health information resource. Developed five years ago, it is currently undergoing a substantial rebuild to meet the growing demands of users in a digital age.

The website will continue to host a wealth of information related to those affected by cancer. It will also feature a range of health and wellbeing information to encourage healthy lifestyles and promote self-management. This will include information about physical activity, healthy eating, stopping smoking, mental wellbeing and financial advice. NHS 24 has worked closely with colleagues from NHS Health Scotland to ensure the information supports colleagues within health improvement teams across the new integrated Health and Social Care Partnerships.

One key benefit to users on the site will be the ability for them to use the Info For Me Personalisation Tool, which allows individuals to create their own leaflet or booklet of information and save, print or email. Funded by Macmillan, this is a new and exciting step in providing personalised health information and we are looking forward to its introduction.

The new website is likely to be live by October 2016 and will continue to grow in the months to come.

National Service Directory
The redevelopment of NHS inform has provided the opportunity to ensure that as well as offering a range of population health information, we continue to support individuals to stay well within their local community.

To this end we are also creating a new Service Directory, which will combine and replace our current Support Service and Locations of Care directories to better meet the needs of users. The project is in partnership with Macmillan, NHS boards and a number of organisational stakeholders including The Alliance and Your Voice Inverclyde. It seeks to drive individuals to support services available within their community who can best meet their needs at that point in time. This includes offering technical solutions to support users through:
- a web chat feature
- ‘click to be contacted’ ability
- improved mapping and directional information to help users find services.

This new directory will contain the quality-assured services offered by each health and social care partnership to maximise local resources and signpost users. This includes linking users who are reading relevant content to the services which support that topic or condition. We are excited by this new development and are encouraged by the support from other NHS boards and partners.
A catalyst for improved palliative care

Dawn Orr describes her role as a Macmillan End of Life Care Facilitator and the development of end of life care services at the Queen Elizabeth Hospital in Gateshead.

End of life care services have been identified by the Department of Health as ‘very variable’. This variability, coupled with involvement from a plethora of health and social care professionals, adds to the complexity for patients and families at end of life.

Gateshead has a population of 230,000 which is forecast to increase by around 5% over the next 20 years. Our ageing population, with the inevitable increase in co-morbidity, and rising expectations and aspirations for high quality end of life care, means that the demands on both generalist and specialist palliative care will increase. The only certain prediction about how much specialist palliative care is needed in the future is that it will rise.

The End of Life Care Facilitator role is a catalyst for enabling, empowering and signposting health and social care professionals to deliver best practice. A strong vision is imperative to ensure that good care becomes a universal experience for all who are approaching death, coupled with a workforce who are equipped and educated to care for them.

An end of life strategy was developed at the hospital, ensuring that teams were actively engaged in change. This was pivotal to the hospital’s education strategy, which has been developed in line with the NICE key quality statement to improve staff education.

Engaging colleagues

Some of our achievements so far include:

• Raising the profile of end of life care through awareness sessions, such as a ‘dying matters, dying to meet you’ event, which was held with our medical colleagues.
• Launching individual care plan for patients in the last days of life, complemented by the family voice project.
• Creating a credit card-sized guidance resource incorporating the five priorities of care.
• Creating an in-house sensitising compassionate care video entitled ‘one chance to get it right’, presented at mandatory training for all staff.
• Relaunching a palliative care link group, with specific objectives, to provide a forum for education and training and champion interested staff.
• Developing an intranet site to incorporate national and regional guidance and protocols.
• Writing a ward resource file and patient information leaflets, providing guidance on palliative care services and end of life care.
• Developing a competence assessment package for staff verification of expected death and a revised policy around this.
• Introducing advanced communication training and Sage and Thyme training.

This role has been challenging but rewarding and I feel fortunate to work with a fantastic team. Progress is ongoing and our recent Care Quality Commission report of Good with Outstanding care has inspired us to continue to strive to improve care for people affected by cancer in Gateshead.

References


Further information

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Identifying palliative needs in acute settings

Sinead Benson, Macmillian Palliative Care Nurse, works in acute areas to identify patients with palliative care needs.

The Acute Palliative Care Nurse post was developed due to concerns within the Countess of Chester NHS Trust that there were delays in referring patients to the Hospital Specialist Palliative Care Team after admission. As highlighted in the Trust Mortality Review, there were patients who would have benefitted from support from palliative care who were not being referred.

Macmillan agreed to fund a one year-pilot of a band 6 palliative care nurse, based in Accident and Emergency, the Acute Medical Unit and the Ambulatory Care Unit, to increase the early identification of patients who would benefit from palliative care.

Objective
The overall purpose of my post is to improve the experience of people with specialist palliative care needs in the acute setting. This is achieved through early identification, resulting in improved and timely access to services. Having worked in palliative care for over ten years, both within a hospice setting and as a community palliative care nurse, I knew it would be a daunting experience working in an NHS Trust in very busy departments, but also an exciting challenge.

Results of the pilot
Each day, I proactively identify and assess patients who have palliative care needs. This includes people with malignant or non-malignant disease, who may require specialist advice around symptom management, or psychological support for themselves and family members or carers.

I also work very closely with acute oncology nurses within the trust. From their patient referrals for acute departments, they highlight patients who require palliative care as well as input from their team.

As result of this there has been a reduction in the average time from admission to referral to the palliative care team. This has also reduced the time from referral to being seen to its lowest level since 2011.

Since the introduction of my post, there has been an increase in the number of people with specialist palliative care needs referred to the team (based on pro rata calculations for first five months). We have also seen a reduction in the average length of stay, for all patients seen by the palliative care team, by three days, from 20.88 to 17.09; significantly lower than the predicted trend of 22.34 days.

Positive Feedback
Feedback from health and social care professionals:

‘Having prompt palliative care support within the Acute Medical Unit has allowed us to manage patients’ symptoms in a timely manner, improving patient care and at times facilitating an earlier discharge. Having Sinead working with us has also prompted us to involve palliative care services earlier than we might have in the past’

Feedback from patients and carers:

‘My family have been very blessed with all your help. All of our family have had great support. Thank you’

‘The palliative care team have been excellent’

‘They do an amazing job’

Next steps
The Countess of Chester NHS Trust has agreed to permanently fund the post given the success. I believe that there is an exciting future for this post including further development.

Further information
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IN FOCUS: MEET OUR FINANCIAL SUPPORT SPECIALISTS

In this section

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    Macmillan Welfare Rights Adviser

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    Macmillan Financial Guide

Flutra Krasniqi
    Macmillan Energy Adviser

27  Sue Britton
    Macmillan Grants Assessor
Macmillan is unique in the breadth of financial support we offer people affected by cancer. This includes advice about benefits and energy bills, financial guidance, grants, and referrals to StepChange Debt Charity.

Over the next four pages, you’ll read about different financial support specialists who people affected by cancer can contact through the Macmillan Support Line on **0808 808 00 00**. You’ll also hear from a grants assessor, who works with professionals to help secure grants for people affected by cancer. There are details of our charity partnership with StepChange Debt Charity and how you can link with local financial support services provided by Macmillan and other organisations.

*Phil Neal, Macmillan Welfare Rights Adviser, Shipley*

‘As welfare rights advisers on the Macmillan Support Line, our main role is to talk people affected about cancer through their benefit entitlements. Sometimes they might be people who have never accessed benefits before, or they may already be claiming benefits but need advice. We can look at the full range of benefits and financial support they could be eligible for, and give guidance on how to apply for this help.

A typical call might be advising someone who is out of work, or working less, because of cancer. They might be able to claim benefits such as Employment and Support Allowance, or a disability benefit such as Personal Independence Payment. But there might also be income-related benefits that they could receive. So many people we speak to don’t realise that they have been eligible for benefits for years. We can help them to apply and receive backpayments, which are sometimes several thousand pounds.

You can hear the relief in people’s voices over the course of a phone call. They often call sounding panicked, but by the end of the conversation they are much more relaxed in knowing that help is available.

The benefits system can be very confusing, especially with all the changes in recent years. It’s almost impenetrable if you approach it as a layperson. That’s where we can help. We can explain some of the jargon or just keep it in language that people understand. We can tell people how to apply themselves and then talk them through the forms – sometimes I’ve spent a couple of hours talking someone through as they fill in an application. If they need to, we can direct them to local Macmillan services for face-to-face benefits support.

In the course of a year I would speak to over 1,000 people. As a team we help to unlock in the region of £49.8 million in benefits and financial support, which can make a huge difference to people’s lives. I would encourage all health and social care professionals to tell people about our service, and also to look out for people who may not realise that they could be eligible for benefits.’
Meet our financial support specialists

David Pearson, Macmillan Financial Guide, Glasgow
‘The Financial Guidance Service provides impartial guidance on a range of personal finance issues. People can call us with questions about mortgages, pensions, insurance, taxes or banking, among other areas. We can help guide them through their options so they can make decisions and take action. In some cases we can also step in and act on someone’s behalf – for example if they have a dispute with a pension provider, or if we feel there is something unfair in the way they have been treated by a company.

A caller might have a question about the meaning of some wording on one of their financial documents, for example, or about how to start a life insurance policy when they’ve had cancer.

In one case, a lady called with some questions about travel insurance. I helped her with that, but one of the things we also do as financial guides is to open up the conversation and explore other areas people might need help with. I asked if she had health insurance and she told me she had a critical illness policy. It was over one year after her cancer diagnosis and she hadn’t made a claim, so I encouraged her to do so. She was hesitant because she thought she had missed their 12-month claiming period policy. I suggested that she should try to claim anyway, and explain that she had been having cancer treatment; there are reasons why people may take longer to claim in that situation, for example if chemotherapy is affecting their memory. After making a claim she received around £20,000 from her insurer. She had a 16 year-old daughter and put it towards her university fund.

We’re primarily phone based but follow up every call with an email or letter summarising our guidance. People can also contact us by emailing financialguidance@macmillan.org.uk

I would say to health and social care professionals, please don’t hesitate to send people affected by cancer our way. If a person mentions anything to do with their finances, that’s something we could help them explore more deeply and it may have a huge impact on their life.’

Flutra Krasniqi, Macmillan Energy Adviser, London
‘The main role of a Macmillan energy adviser is to help people affected by cancer to manage their fuel and water costs. There are several ways in which we might be able to help. For example, if the caller is an npower customer, we can see if they are eligible for npower’s Macmillan Fund. npower’s Macmillan Fund is the only programme in the UK that offers bespoke support to npower customers living with cancer by capping energy bills and writing off debt. Regardless of a caller’s energy provider, there are also Cold Weather Payments, Winter Fuel Payments and Warm Home Discount Rebate which they may be eligible for. We also advise them on various water schemes that their water company may offer to vulnerable customers to reduce their bills.

There are many hidden energy costs for people affected by cancer – it may be that they are home more and have to heat the house during the day, or having cancer may mean they have to wash their clothes more often. All of these factors lead to extra costs which puts more strain, financially and emotionally, on people affected by cancer and their families. That is why our work is so important. We are also aware how difficult it is to pick up the phone and talk to a stranger about your problems.

Customers do not always know the extent of the help Macmillan can give them, and are surprised to find out about these fuel and water saving schemes, which can make a big difference to their outgoings.

We try and work round the problem and look at other alternatives and schemes that they might be eligible for. Sometimes we can be on the phone for over an hour talking through all the options and helping the customer fill in their forms.

It’s very rewarding to hear how grateful and happy people are for the help of the support line. People will ring up to say how thankful they are for our help or send a card to say how much we helped to ease their burden.’
Sue Britton, Macmillan Grants Assessor, London

‘Macmillan grants are one-off payments to help people with costs caused by or related to their cancer. The average grant received is about £400, which can then be used to help with a variety of things such as new clothes, a holiday, new bedding or transport to and from the hospital.

Each application is sent in with a supporting statement detailing the specific needs relating to cancer and how financial help will address the needs identified. Two medical professionals must also support the application on behalf of the person affected by cancer. The grant is also means tested. The person living with cancer must not have more than £6,000 in savings, if they’re single, or £8,000 in savings as a couple. We allow a weekly net income of £170 for a single person, £289 for a couple or household of two people.

The role of the grants team is to assess the application and check it matches the criteria. This is done on the day the application is received and the person affected by cancer can receive their payment in as little as two days. Each member of the grants team can deal with up to 100 applications a day. If other issues are highlighted from the applications which may mean they would be eligible for some of Macmillan’s other financial support, such as the Fuel Management programme, we will refer them.

The most common things the grants are used for are clothes and fuel. One particularly memorable request was from the parents of a child who had cancer. They wanted to redecorate their daughter’s bedroom so that after her chemotherapy she would have somewhere cosy and bright to go to. After the room was decorated, the parents sent in a photo of the room so that we could see how the grant was spent which was great.

It can be emotional reading the applications, particularly when there are children or single parent families involved. It’s also very rewarding to know how much the work we do makes a difference.

In one week in February 2016, Macmillan paid 717 people affected by cancer £272,925, and this continues to increase week by week.’

Our partnership with StepChange Debt Charity

Macmillan and StepChange Debt Charity have been working together to support people affected by cancer who are worried about debt. Callers to the Macmillan Support Line can be referred to StepChange for specialist debt advice. The partnership has been a great success, with more than 3,500 referrals from Macmillan to StepChange, and advice provided on £12.3m of debt.

Face-to-face support

The people you support may also be able to meet a Macmillan welfare rights adviser in person through a local service. Visit macmillan.org.uk/in-your-area to see where this is available. Other organisations can also provide support in person, such as your local Citizens Advice.

Financial information from Macmillan

People can also order financial information from Macmillan in booklets or other formats, by visiting be.macmillan.org.uk or calling the support line. This includes our most popular booklet, Help with the cost of cancer.

Information is also available online at macmillan.org.uk/moneyworries This includes our new online financial support tool, which can be accessed at finance.macmillan.org.uk The tool includes a quick benefits checker and a benefits calculator. People can use these tools to estimate the benefits they may be able to get.
Updated

Financial information

The new edition of Help with the cost of cancer (MAC4026) includes benefits information for April 2016–April 2017. We’ve also updated Pensions (MAC14284), Housing costs (MAC14650) and Sorting out your affairs (MAC14286). Planning and managing your finances (MAC15911) is a merged booklet that replaces the two older booklets ‘Financial planning’ and ‘Managing your money day to day’.

Feel more like you
MAC14180
2nd edition

Produced in partnership by Macmillan and Boots, this booklet includes information and guidance to help people cope with the visible side effects of cancer treatment. It includes information about how side effects may affect your appearance, and explains what you can do to cover up these changes if you want to. It includes information about Boots Macmillan Beauty Advisors who can help in some Boots stores.

Managing the late effects of breast cancer treatment
MAC12161
3rd edition

A booklet for women who are experiencing side effects that have continued six months or longer after treatment for breast cancer, or delayed late effects which began months or years after treatment. It explains how these effects can be improved or managed. It also includes information about positive lifestyle changes, which can help reduce the risk of some late side effects.

Macmillan Organiser
MAC15835
2nd edition

The new version of the Macmillan Organiser is a folder containing three booklets where people can write down medical, personal and lifestyle details. See page 5 for more details.

Talking with someone who has cancer
MAC11631
8th edition

Previously called ‘Lost for words’, this booklet can help people have supportive conversations with their family members, friends or loved ones who are living with cancer.

Crossword

Clues across
1 A married man
5 Abstain from eating
7 Hearth mat
8 Dartboard centre (4’1–3)
9 Writing material
10 Sour tasting
13 Open-air swimming pool
14 Shove
18 Roman garment
19 Weekly pay
21 Stressful demands
22 Seize suddenly
23 Needle holes
24 Determination

Clues down
1 Sailors’ dance
2 Road direction marker
3 Reddish-brown hair colour
4 Canadian coin
5 Rock-preserved relic
6 Chinese cookery sauce
11 Slantwise
12 Just less than probable
15 Villas and mansions
16 South American big cat
17 Candies and toffees
20 Dull neutral hue

Answers down: 21, Signpost, 5, Faraday, 3, Canadian, 6, Rock, 11, Slantwise, 12, Just, 15, Villas, 16, American, 17, Candies, 20, Neutral