Tackling Lymphoedema

Melanie Thomas
National Clinical Lead for Lymphoedema in Wales

In focus
Sharing knowledge abroad

Sharing good practice
Support workers
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Welcome
In this edition of Mac Voice, we hear from paramedics in the South West of England (page 9), benefits advisors in Northern Ireland (pages 18-19) and Macmillan cancer matrons in Sussex (page 10). These are just some of the inspiring professionals featured in this issue, all working to improve care for people living with cancer across the UK.

Our cover star this issue is Melanie Thomas, National Clinical Lead for Lymphoedema Services in Wales, and a Macmillan Fellow. Turn to pages 12-13 to read about how Melanie has helped to transform lymphoedema services in Wales, and why she is now setting her sights on the rest of the UK.

In focus takes us to three different countries around the world, where Macmillan professionals are sharing their skills and learning about new innovations in cancer care.

Sharing good practice looks at how cancer teams across the UK are developing the Macmillan support worker role. We also look at how teams are evaluating and recording the impact that support workers are having, both for people with cancer and for their professional colleagues.

This is the first issue of Mac Voice designed in our refreshed brand. Our new look and feel has been developed by our brand team alongside Macmillan professionals, people affected by cancer and our healthcare partners. If you would like to share your thoughts on the new brand, get in touch at macvoice@macmillan.org.uk

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Funding research with impact

New changes to the way Macmillan awards research funding.

Research plays a vital role in helping Macmillan to understand the numbers, needs and experiences of people living with cancer. This helps us in our work to shape cancer policy and services to give people affected by cancer the best possible support.

Macmillan has a proud legacy of helping to fund important and ground-breaking research, such as the HORIZONS project at the University of Southampton. This unique study is following groups of people with different kinds of cancers for up to five years after diagnosis, to examine the impact of cancer and its treatment on all aspects of their everyday lives.

Recent developments in our research funding processes have helped ensure that we continue to fund the best research, by the best researchers, with the maximum potential to bring benefit to people living with cancer.

In 2017, we introduced a new system for awarding research funding: the Macmillan Research Grants Scheme. The process begins with a ‘call for research’, when we announce the research areas Macmillan is prioritising in line with its strategy. We then invite funding applications from UK-based researchers who have research project ideas within those priority areas. This approach enables us to focus our investment in areas with an identified organisational evidence need.

Applications for the grants scheme undergo a rigorous and robust review process. This includes independent review by research experts to assess the scientific quality of the research. It is also reviewed by people affected by cancer to assess the relevance and value of the research to those it is intended to benefit.

In the 2017 pilot, Macmillan funded seven projects, committing a total of £780,000. These projects addressed a range of issues, from the use of virtual reality to improve the wellbeing of people undergoing cancer treatment, to the development of a psychological intervention to support people moving into palliative care. You can read more about these by visiting macmillan.org.uk/researchgrants

Our 2018 call for research was released in April. Priority areas include the impact of new developments in cancer treatment on the lives of people with cancer, how to get information to people living with cancer most effectively, and identifying and addressing inequalities in cancer experiences and outcomes.

Applications submitted to the 2018 call are currently under review, and final funding decisions will be made at the beginning of 2019. The next call for research will be in spring 2019.

If you would like to receive email updates on the grants scheme, please email researchgrants@macmillan.org.uk and ask to join our mailing list.

In tandem with this year’s funding call we are launching Macmillan’s Research Impact Framework.

This is intended to support successful grants scheme applicants to plan for, deliver and demonstrate research impact.

It includes information about our six research impact principles:

1. Working in partnership
2. Involving people affected by cancer
3. Regular communication
4. Dissemination and engagement
5. Open access
6. Long-term impact monitoring

You can download the framework at macmillan.org.uk
Body shame behind missed smear tests

New research reveals that 35% of young women are embarrassed to attend a cervical screening because of their body shape.¹

A new survey, carried out by Jo’s Cervical Cancer Trust shows that around 5 million UK women are invited to cervical screening each year, yet one in four do not attend.

The NHS provides a cervical screening programme for all women who are registered with a GP. The ages of women who are invited to attend, and how often screening happens, depends on where they live. England, Scotland, Wales and Northern Ireland all have national programmes with information about what cervical screening is and how it works.

Dr Karen Roberts, Macmillan’s Chief of Nursing and Allied Health Professionals, explains, ‘Women mustn’t let nervousness or feeling self-conscious put them off something that could save their life. Finding and diagnosing cancer early saves lives, so it is absolutely vital that women attend regular smear tests.

‘The emergence of the HPV vaccine for girls has perhaps allowed women to relax a little and think that screening for cervical cancer is not so important anymore. But cancer of the cervix still kills 890 women in the UK every year.’²

There are also concerns that not enough is being done to increase access to and attendance at cervical screening at a local level. Another recent report has found that 34% of clinical commissioning groups and 32% of local authorities in England have not undertaken any activities to increase uptake of cervical screening coverage in the last year, with many stating they do not have responsibility to do so.³

Karen explains, ‘It is vitally important that clinicians give a consistent message to women and ask about their cervical screening so that women can keep safe and prevent this awful cancer from robbing families of mums, daughters, sisters and friends.’

Macmillan has information for people who want to know more about cervical screening at macmillan.org.uk/cervicalscreening

References
¹https://www.jostrust.org.uk/node/1073042
³https://www.jostrust.org.uk/spotlight-2018

In brief

Macmillan Professionals Conference
The Macmillan Professionals Conference took place in November 2017, bringing professionals together to network, inspire each other and share their experiences of being part of the Macmillan community. Of those who took part in an evaluation of the event, 98% felt they had sufficient opportunities to network, 98% felt part of a valued Macmillan community, 94% felt they had opportunities to share their views and 89% said they now know more about how Macmillan can support them. This year’s conference takes place from 7-9 November. Find out more at macmillan.org.uk/professionalsawards

Work and cancer in Northern Ireland
This month Macmillan is encouraging people living with cancer of working age in Northern Ireland to have a Work Support Conversation (WSC) at a Macmillan Information and Support Service. The WSC is delivered by a trained information and support manager as part of a range of tools to support people with cancer. It is designed to help develop a tailored plan of support for people facing work-related issues. People with cancer can self-refer, or be referred by a health professional, to help achieve a positive work outcome that’s right for them.

NGS supports new palliative care unit
The National Garden Scheme (NGS) has contributed £2.5 million towards a state-of-the-art palliative care unit at the Royal Glamorgan Hospital in South Wales. The NGS has been supporting Macmillan since 1985, and this contribution will make a considerable difference to people with cancer in the region, who will no longer have to travel between two different hospitals for treatment. The unit is set to open in 2019 and, based on patient feedback, will be designed around the theme of bringing the outdoors in.

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New resources in easy read and British Sign Language

Macmillan has produced new resources to help you support people with accessibility needs.

Easy read
Easy read booklets use simpler language and pictures to help people learn about cancer. They can be useful for anyone who finds it hard to read, such as people with learning disabilities, people for whom English is not their first language, people who are deaf, or anyone who prefers a shorter, more visual guide. We have produced two new easy read booklets:

- How Macmillan Cancer Support can help you
- Talking about cancer and your feelings

The booklets have been written by Macmillan’s Cancer Information Development team and produced in easy read format by the learning disability charity CHANGE. People with learning disabilities have reviewed the text and images to make sure they are accessible.

We now have 54 easy read booklets, covering topics from healthy lifestyle, to coping with treatment, the emotional impact of cancer and end of life. Order or download your copies from [macmillan.org.uk/easyread](http://macmillan.org.uk/easyread)

BSL videos
Our BSL videos are in full BSL, as opposed to a video with a BSL interpreter in the corner. We have produced two new BSL videos:

- Healthy eating and cancer
- Coping with fatigue (tiredness)

You can watch them at [macmillan.org.uk/BSL](http://macmillan.org.uk/BSL). From now on, we will be adding BSL signing to all our new videos.

Have you used our easy read or BSL resources? Can you give us your feedback? Please contact us on [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)
Cancer training for GP receptionists

GP administrators in West Wales benefit from a Macmillan cancer awareness workshop.

More than 75% of GP surgery staff who took part in a recent training session organised by Macmillan and the Hywel Dda University Health Board (HDUHB) in Wales have said they feel more confident about talking to patients about cancer.

The training was run in partnership with the Macmillan Primary Care Cancer Framework Programme, and attended by representatives from eight local GP practices. It focused on what surgery staff can do to support people living with cancer, and how to deal with emotionally challenging situations at work.

Macmillan Senior Learning and Development Manager Amanda Toutt opened the session with a general overview of cancer.

Sarah Russell-Saw of Macmillan’s Information and Support Service at HDUHB discussed the support and resources available to people affected by cancer, using real life examples of positive outcomes achieved for people referred to the service.

The training showcased the range and variety of formats of free tools and resources available to GP surgery staff, to empower them to help people affected by cancer and to aid their personal development as healthcare professionals. This includes e-learning modules available on Macmillan’s online learning platform Learn Zone and information on the Macmillan patient self-management course, HOPE. More than 90% of attendees said that the information would be useful when supporting patients.

The final part of the training delivered by Macmillan Learning and Development Manager, Adam Spiller, focused on staff resilience and wellbeing. Video case studies were used to prompt group discussion on dealing with difficult conversations and coping with compassion fatigue.

Participants were asked to share their learning with colleagues at their practices, and 50% of participants fed back that they were interested in becoming cancer champions for their practice.

The Macmillan Learning and Development Team are currently developing ‘train the trainer’ courses and further resources for GP surgeries, to provide accessible and sustainable future learning opportunities for GP practice staff across Wales. This will be launched later this year.

For further details contact waleslearning@macmillan.org.uk or visit learnzone.org.uk. For further information on the Macmillan Primary Care Cancer Framework Programme, visit primarycareone.wales.nhs.uk/macmillan.

50 GP surgery staff attended the training.
ICJ reports positive outcomes

Edinburgh Napier University published the second report from its five-year evaluation of Improving the Cancer Journey (ICJ) in Glasgow in March.

The Improving the Cancer Journey (ICJ) programme was launched in 2014 by Glasgow City Council and Macmillan Cancer Support, plus a number of other partners, to help people affected by cancer in Glasgow get the support they need.

Shortly after diagnosis, people with cancer are invited to complete a holistic needs assessment (HNA), involving a visit with a link officer to establish any physical, emotional, social, financial, family, spiritual or practical problems the person might have. Link officers are non-clinical staff who receive training from Macmillan Cancer Support on all the different types of support people affected by cancer may need. Once these needs are identified the link officer either signposts or refers on to relevant agencies.

According to the latest report from Edinburgh Napier University, the programme has seen 2,413 people (from inception to August 2017), with many service users coming from the most deprived areas of Glasgow. More than 70% of service users are from the two most deprived quintiles as measured by the Scottish Index of Multiple Deprivation.

A total of 13,168 needs have so far been identified, with an average of 6.3 concerns per person. The top three worries for people are money and housing, fatigue or tiredness and getting around.

The report found that level of concern as identified by the HNA reduced significantly between the first assessment visit and at the last review carried out by the link officer. Scores went down from an average of 7.15 (out of 10) to 3.82 – a clinically significant drop. The majority of people rated the outcome of their referral as ‘very helpful’, scoring it 9 out of 10 on average.

Stakeholders from partner organisations believe that joint working through ICJ has enabled a more appropriate and efficient use of staff resource and improved coordinated care and greater access to services for the individual.


For example, ICJ has a dedicated housing professional within the team who ensures people are prevented from homelessness and are supported to live in their own home independently and for longer. So far, the programme has prevented 26 people becoming homeless.

The report concludes with several recommendations for ongoing evaluation, including measuring financial wellbeing and ensuring consistent data entry and reporting across all areas adopting the ICJ model.

To read the full report visit macmillan.org.uk/about-us/what-we-do/evidence/research-publications/research-and-evaluation-reports.html

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Paramedics help keep people at home

Paramedics in the South West of England are helping to reduce stress for patients and families by avoiding the need to be taken to hospital.

It is estimated that each ambulance crew in the South West of England attends one person with cancer, palliative care needs or who is close to end of life per shift. People prefer to be treated at home and for many people at end of life that is also the place they want to die.

Macmillan is funding a four-year joint project with South Western Ambulance Service to improve and promote best practice in cancer, palliative and end of life care when people require urgent and emergency services, predominantly through 999 calls.

The project, which started in 2015, equips paramedics with clinical practice and skills to alleviate suffering, including access to specialist advice and pathways to either manage a person in the home and with specialist follow up, or to refer them to an appropriate setting. This avoids emergency department admissions except when necessary.

Joanne Stonehouse, Macmillan Cancer Care Project Manager, said: ‘Ambulance service staff naturally want to save lives and this is what they are trained to do. It’s just as important for our staff to recognise when keeping a patient at home is the best option for them and their family. We are giving them the tools, training and support to deliver the right care in the right place at the right time and avoid unnecessary emergency admissions.’

The project has increased skills through education as well as developing and improving systems and services to cover gaps in provision, particularly out of hours. The current phase includes evaluation, while continuing to deliver specialist education and professional development, and building on system improvements to support service delivery.

Specialist paramedic Simon Tutt says: ‘I went to a lady who had bowel cancer and knew she was approaching the end of her life. She was distressed about her symptoms and her family were anxious. They called the ambulance service thinking hospital was the best place for her as they felt unable to cope with her condition. She didn’t want to go. I used my cancer care training to talk to them about what was happening and what we could do. I was able to relieve her symptoms using medications, allowing the patient to relax and sleep. I then set up a package of care for managing her symptoms, including a GP visit later that day.’

Other ambulance services around the country have shown an interest in the project, and once it has been fully evaluated and established, South Western Ambulance Service will share their knowledge to benefit patients across the UK.
Macmillan cancer matrons ensure continuity of care

A new service in West Sussex is receiving positive feedback from both patients and staff.

At the end of 2016, the Macmillan cancer matrons service was set up at Western Sussex Hospitals Trust by Macmillan Cancer Matrons Liz Wakefield and Nikki Dibley. It covers Worthing Hospital and St Richard’s Hospital in Chichester.

Funded by Macmillan, the cancer matron role comprises a combination of clinically-focused work, with an increasing non-clinical element. Cancer matrons are a visible and accessible face of Macmillan, and offer a different and innovative way of providing senior cancer nursing leadership, value and sustainability.

When the service was first set up, it focused on scoping all local cancer nurse specialist and Macmillan cancer support worker services. Liz and Nikki worked closely with site-specific multidisciplinary teams to identify patient care pathways, educational needs, gaps in services, and forward planning issues.

However, the focus soon shifted due to emerging capacity issues and gaps in staffing levels. The cancer matrons stepped up to cover clinical services, ensuring continuity of care. Prior to the Macmillan cancer matron role, there were no continuity plans or expert support to cover services. They have ensured that patients and carers continue to have access to expertise and support, aiming for seamless care where possible.

Alongside clinical work, the cancer matrons’ non-clinical responsibilities also expanded. This included line management of Macmillan cancer support workers and specific cancer nurse specialist teams, supporting new staff, recruitment and retention, initiating new integrated ways of working, service development and increasing collaborative working with cross-site and tertiary centres.

This innovative role is challenging, stimulating, and motivating, and requires high levels of resilience and commitment both to the role, and its continuing progress and development. Patient feedback and staff survey responses have been very positive, and this has been possible due to the continuous support, and trust, from the inspirational teams that the Macmillan cancer matrons work with.

Their aim is to further support and empower teams to develop innovative, sustainable, patient-focused services, fit for the future.

Liz and Nikki are currently working on a single point of access phone line, streamlining cross-cover ‘buddy’ system, integrated pathway project work, skill mix strategies, and strengthening the cancer nursing team structure and sustainability.

For more information contact Liz or Nikki at elizabeth.wakefield@wsht.nhs.uk and nikki.dibley@wsht.nhs.uk

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Cancer psychological support service wins further funding

Helping to ensure the right support can reach patients when they need it most.

The Macmillan Cancer Psychological Support (CaPS) Service at St George’s University Hospitals NHS Foundation Trust in South West London has had its funding extended by the trust for an additional year after Macmillan funding elapses.

CaPS was launched in July 2016 as a two-year pilot led by Consultant Clinical Psychologist Dr Sahil Suleman. It brings together a multidisciplinary team to address the emotional, psychological and mental health needs of people affected by cancer and their families.

The service provides access to counselling, clinical psychology and liaison psychiatry interventions in outpatient clinics and on inpatient wards. This helps to ensure people get the right support when they need it, regardless of cancer stage, type of treatment, location or severity of need.

More than 700 patients and carers have used the service, which has made a significant difference to cancer care at St George’s, particularly through providing interventions addressing psychological symptoms such as anxiety and depression, and improving functioning, quality of life and wellbeing. The service has also vastly improved care for patients with more complex mental health needs.

In an external evaluation of the service, patients spoke of the key role of the CaPS team in facilitating adjustment to diagnosis and treatment, the high quality of care provided and the broader impact on their cancer clinical outcomes such as treatment adherence, lengths of admission and decision-making. They also highlighted how responsive the teams were.

One patient says, ‘I was isolated and very fearful and anxious about the future, and through my sessions, the team have enabled me to feel alive again, to feel joy and happiness. I really can’t thank them enough for giving me my life back.’

CaPS has also worked to embed psychologically-informed care throughout cancer services, by providing those working in cancer settings with the relevant skills, confidence and support required.

The service has been involved in training more than 120 members of staff through a range of modalities including intensive psychological skills/flexibility training (Level 2), ward-based training, holistic needs assessment (HNA) training and inter-professional cancer, mental health and end of life simulation (CaMHELS) training.

Staff have reported improved confidence in managing psychological and mental health needs, improved job satisfaction due to more support and more appropriate caseloads, ease of access to the CaPS team and a visible impact on their patients.

The CaPS team was shortlisted in the Innovation Excellence category of the 2017 Macmillan Professionals Excellence Awards, and the trust has picked up funding for the service for an additional year, whilst it seeks to establish a sustainable source of funding for the long term.

For more information visit stgeorges.nhs.uk/service/cancer-services/cancer-psychological-support
Q&A: Melanie Thomas

Job title
National Clinical Lead for Lymphoedema Services in Wales

Location
Cimla Health and Social Care Centre

In post
Since 2011

Contact
melanie.j.thomas@wales.nhs.uk

How did your professional background lead to this role?
I qualified as a physiotherapist in 1994. When I had been qualified for about two years, a job came up in our local hospice. My manager asked if I would go there for six months, and I ended up staying for five years because I loved it. When I was there, I kept seeing people with huge swollen arms or swollen legs. When I asked them about it they would say there was nothing to be done and they just had to live with it.

That was a bit of a red rag to a bull, and it set me off on a path. I went to Germany to train as a lymphoedema specialist, as there weren’t many courses in the UK at that time.
Then I started lobbying for services, because there wasn’t a lymphoedema service in South West Wales. I worked with a Macmillan Development Officer to put a bid together, and in 2001 we got funding from Macmillan to set up a new service. In 2009, I co-wrote the Welsh Government Strategy for Lymphoedema in Wales with my colleague, Macmillan lymphoedema nurse Eilish Lund. The strategy aims to provide everyone with lymphoedema access to the appropriate services at the right place, right time and with the right person. I became the part-time National Clinical Lead for Lymphoedema Service in Wales, a role funded by the Welsh Government, which became full-time in 2014.

**What is the focus of your work?**
I manage numerous programmes of work all around lymphoedema, working with lots of other health care professionals. One of the programmes is lymphaticovenous anastomosis (LVA) surgery. Wales is the only country in the UK that can offer this treatment for 42 patients per year on the NHS – a potential cure for some lymphoedema patients. We are also the only country with a national paediatric programme dedicated to children with lymphoedema, which currently looks after 260 children, from age 0-24.

We have also set up the All Wales Lymphoedema Compression Garment Contract, which ensures that all people with lymphoedema have the right compression garment, which has the right effect, but is also at the best price. And last year we worked with Pocket Medic to develop a series of films for people with lymphoedema in Wales, to help people self-manage their condition.

I am about to submit my doctoral research this month, which is all about reducing the risk of lymphoedema for breast cancer patients. So we’ve got a big programme around that too.

**How did it feel to become a Macmillan Fellow in 2012?**
If it wasn’t for Macmillan, lymphoedema wouldn’t be where it is today in Wales. I was a Macmillan post holder for many years, and I still belong to the Macmillan Lymphoedema Association, which is all about standardising education in lymphoedema in the UK.

Being made a Macmillan Fellow was a great honour. It has made me extremely proud of my work to make sure people affected by the consequences of cancer treatment can access standardised lymphoedema assessment and care. The £10,000 grant enabled me to present at the International Lymphoedema Framework Conference in Italy and also at the National Lymphoedema Network conference in the USA.

**What achievement are you most proud of?**
I’m most proud of the fact that we managed to secure £1 million in April 2011 on a recurring basis from the Welsh Government to implement the Strategy for Lymphoedema in Wales. This meant we could end inequitable service provision. I’m also extremely proud that we managed to make LVA available on the NHS because it is revolutionising people’s lives. Up to 70% of people who have treatment stop needing compression garments, and more than 90% stop getting cellulitis, a skin infection that people with lymphoedema are susceptible to.

**What is your vision for future lymphoedema treatment and care?**
Wales has now got amazing services for people with lymphoedema, but there is still a long way to go in England and Scotland. I get one or two referral requests each week for people in England who need treatment, so I want to continue highlighting the inequity of lymphoedema services across the UK.

More people are living for a long time with the consequences of cancer treatment, such as lymphoedema. While the cancer may be cured, you can be living with one arm that is 100% bigger than the other one, meaning you can’t get dressed, it’s difficult to go out or you’re frightened of getting cellulitis. That’s not good enough, so my big drive is to ensure that any person in the UK who thinks they’ve got lymphoedema can get an assessment and treatment.

Another issue, especially with non-cancer lymphoedema patients, is the amount of waste, harm and variation going on. For example, inappropriate dressings and bandages are being used when that money could be spent on more valuable and effective treatments. A better way can be found through educating nurses and other health professionals, so that everybody is getting the best care possible.
Learning how to listen

Marking 10 years of collaboration between Macmillan professionals and SAGE & THYME training.

Macmillan professionals interact with seriously ill people every day. Therefore, we have a personal stake in improving communication skills, and aspire to being role models for careful communication.

The three-hour SAGE & THYME foundation level workshop teaches clinical and non-clinical staff, at all levels. It uses evidence-based communication skills to provide person-centred support to someone with emotional concerns, using the SAGE & THYME model (see Figure 1).

The workshop was developed in 2006 with the input of a person living with cancer and Macmillan nurses. The teaching aim was to improve the routine clinical practice of the UK’s 1.3m health and social care staff. Put simply, the research suggests we should: ‘shut up and listen’, ‘stop jumping in too quickly with advice and information’ and ‘allow patients to think for themselves’.

More than 1,000 people have taken our two-day ‘train the trainer’ course enabling them to deliver SAGE & THYME foundation level workshops. Macmillan were early adopters of this facilitator course, applying for a licence in 2011 and initially funding facilitator courses in York, Bristol, Edinburgh and London. In total, Macmillan has supported more than 230 professionals to become SAGE & THYME facilitators.

Evaluation suggests that the majority of people who attend the workshops learn about effective communication skills, change their practice and persist with the following key skills: listening fully to all the concerns of the patient, resisting jumping in and interrupting, and allowing patients to think clearly and say themselves what they think would help them cope.

Genevieve Murphy, Macmillan Senior Learning & Development Manager in Belfast, says, ‘For Macmillan professionals, SAGE & THYME gives them a model they can use in clinical practice, that of listening and responding to concerned patients, putting the patient at the centre of the process and demonstrating a patient-centred approach to communicating and supporting people through the concerns that are important to them.’

For more information, visit sageandthymetraining.org.uk

Further information

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Figure 1: the SAGE and THYME model

Setting – If you notice concern - create some privacy – sit down
Ask – ‘Can I ask what you are concerned about?’
Gather – Gather all of the concerns – not just the first few
Empathy – Respond sensitively – ‘You have a lot on your mind’
Talk – ‘Who do you have to talk to or to support you?’
Help – ‘How do they help?’
You – ‘What do YOU think would help?’
Me – ‘Is there something you would like ME to do?’
End – Summarise and close – ‘Can we leave it there?’
Getting the benefits from gardening

A gardening and craft group has been set up in Fleetwood, Lancashire, for people affected by cancer.

There are many known physical and mental health benefits of gardening. As well as being a social activity, gardening can also help manage and prevent some of the long-term effects of cancer treatment such as fatigue and depression.

There is evidence to show that being in a natural environment can have a positive effect on wellbeing, improving mindfulness and reducing stress levels.

A gardening club has been set up by Blackpool Teaching Hospitals, Macmillan Cancer Support and The Willow Garden in Fleetwood, for people affected by cancer to take part in a creative activity with other people who are going through a similar experience.

Attendees can get spend time planting fruit and vegetables in the large allotment area, or getting stuck into weeding in the flower beds and hanging baskets. The garden (pictured below right) also features a pond and area with benches where people can just sit and enjoy the scenery.

Local business Unique Estate Agents provided the funds for refreshments as well as gardening and craft materials, meaning the club is free to attend for people affected by cancer.

Although the focus of the group is gardening and crafts, those who attend are encouraged to bring their own hobbies along. Some people like to bring cameras to take pictures in the garden or of the crafting. Local people affected by cancer are creating their own calendar for 2019 and the Willow Garden attendees will be contributing some of their pictures to be included.

Kerrie Newsham, Macmillan Cancer Care Coordinator at Blackpool Teaching Hospitals Foundation Trust, says, ‘We don’t have any general activity-based support groups in our local area. Most of the groups are tumour specific and support groups don’t suit everyone. By having an activity-based general craft group, patients and loved ones can meet and enjoy an interest that they have in common rather than feeling pressured to talk about their experiences.’

Christine Jesson, who takes part in crafting at the group, says, ‘It’s nice to meet all the other people that come along and the staff are so lovely. I’m looking forward to the upcoming groups and sharing some of my own crafting ideas.’

Macmillan’s Move More pack has lots of information about different ways people can be more active, including gardening, before and after cancer treatment. Visit be.macmillan.org.uk

Further information

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References

https://protect-eu.mimecast.com/s/lyTYCMj5NHgkW0Miwnihy?domain=wildlifetrusts.org

The Willow Garden, Fleetwood
Award nomination for Leeds ACE Project

The Leeds ACE Project is helping to improve the route to diagnosis for patients with ‘non-specific but concerning symptoms’.

One of six pilots being funded by Macmillan and Cancer Research UK as part of NHS England’s ACE Early Diagnosis Programme, the Leeds ACE Project is delivered jointly by Leeds Teaching Hospitals NHS Trust and NHS Leeds CCGs Partnership. Earlier this year it was shortlisted for a Health Service Journal (HSJ) Value Award.

The ACE programme aims to accelerate progress, coordinate implementation and consistently evaluate best practice and innovative approaches to early diagnosis of cancer. It will benefit people with vague symptoms, where their GP suspects cancer but they do not fit existing cancer referral pathways. It is hoped that this will lower thresholds for cancer suspicion where symptoms are unexplained.

So far, the Leeds ACE Project team has engaged with more than 40 GP practices and more than 330 patients have been referred to the ACE pathway. Access to the service for ambulatory patients coming to the attention of acute medical teams has also been implemented.

Early experience has shown a reduced need for scans and endoscopic examinations as well an opportunity to shorten the diagnostic pathway and avoid hospital admissions. Cancer detections have been above 3% of referrals and other serious, non-cancer diagnoses have been identified.

Based on early findings, there are plans to roll out the ACE model within community hubs in GP practices, and in other areas within the trust, focusing first on the upper gastrointestinal urgent suspected cancer referral pathway.

The team uses a comprehensive set of basic blood tests, a detailed nurse-led clinical review and a multidisciplinary diagnostic collaborative (MDC) meeting discussion to advance diagnosis and appropriate further testing or safety-netted observation.

By conducting a range of tests at one time, it is hoped that the route to diagnosis will be smoother for patients and prevent them from being shuttled back and forth between their GP and different hospital departments.

The project is part of the wider Leeds Cancer Programme, which sees the NHS and Macmillan working together with city-wide partners to transform cancer care for people in Leeds.

The team has been shortlisted in the ‘Improving the value of diagnostic services’ category at the HSJ Value Awards and presented to the judging panel in April ahead of the awards ceremony on 7 June.

Further information

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www.macmillan.org.uk/macvoice
Keeping people informed

A new way to support people living with lung cancer at Wirral University Hospital.

Our busy lung cancer service has approximately three hundred new patients a year. Two Macmillan nurses support the service, and we aim to keep in contact with all patients, particularly through the very stressful weeks where a diagnosis is obtained.

As patients progress through their treatment trajectory and are seen by the surgical teams, oncologists or palliative care team, we keep in contact via telephone and patients are reassured that they can contact us for support if needed.

We encourage patients to attend our monthly ‘living well with lung cancer and mesothelioma group’, however attendance to this group remains poor despite attempts to increase numbers.

We wanted to find a way to ensure that all patients were kept informed about issues that may affect them, as well as an opportunity to remind patients of our availability as clinical nurse specialists to troubleshoot and provide support.

We decided that a good way of achieving these objectives would be to introduce a quarterly newsletter. We collated information that we thought may be of interest, such as informing patients about our support group and guest speakers that attend.

The ‘spotlight on the team’ section introduces patients to key members of our team and explains their role in a patient’s pathway. The support that Macmillan provides to patients and families is invaluable.

The newsletter is a good method to highlight the range of Macmillan resources available, and information in the newsletter has focused on the audio books, pension advice, and details of who to contact for people who are having problems at work related to cancer. Our Macmillan Information Manager Anne Torkington keeps us updated about new Macmillan information, and this is included in the newsletter.

We have sought assistance from the communications team within the hospital, which has proved instrumental as they have managed to take all the different bits of information and produce a very professional-looking newsletter. We have given these to patients in clinic, and displayed them in waiting areas and the Macmillan information hubs.

So far, feedback has been limited, but the comments that we have received from patients have been positive, stating that the content is relevant, easy to read and well designed.

Next steps are to continue to evaluate the newsletter every six months, as this will be helpful to provide ideas of what information to include in future newsletters.

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www.macmillan.org.uk/macvoice
A cancer diagnosis can have a significant impact on someone’s finances, and money worries at this already difficult time can be confusing and overwhelming.

Being able to access timely financial support no matter where you live is vital, and the Macmillan Financial Help Service in Northern Ireland, delivered in partnership with Citizens Advice and North West Independent Advice Service, have addressed this by creating a seamless, fully integrated service across the region’s five trusts. It has been a challenging project, but we are already seeing a positive impact for both clients and staff.

Prior to the project, each of the five healthcare trusts in Northern Ireland had a separate benefits service, with its own database, phone system and ways of working.

Staff struggled to keep individual services running full time due to advisers needing time off sick or taking annual leave, without the resources available to cover their workloads. Services were inundated with people needing our help to access financial support.

A new way of working
In 2016, we made some key changes to enable all five systems to come together as one integrated service for people living in any part of Northern Ireland.

We set up one triage 0300 number, open from 9am to 5pm, Monday to Friday, for Macmillan professionals, patients and carers. This number allows patients to make an appointment with an adviser at any trust in Northern Ireland.

We also have a central email address for professional referrals, which helps us to prioritise clients who are terminally ill. Referrals are taken on a first come, first service basis, so they can be picked up by any adviser in any region, using one database across all five trusts.

With 13.5 full-time-equivalent advisers all rostered on to a triage system for telephones and e-mails, there is always someone who can cover for staff absences.

The criteria for the service was also redefined, so that we now only deal with people who are newly-diagnosed with cancer, people who have finished active treatment within the past three months or people receiving palliative or end of life care. We refer anyone who falls outside our criteria to the Macmillan Support Line or local advice centres.

These changes have had a big impact on staff wellbeing, and we have also improved the service for clients. Someone is always available to book an appointment for them or refer them on to someone who can help. We have also ensured that information about how to access the service is now provided to people at the point of diagnosis.

Overcoming challenges
Prior to integration, each service had their own way of working and had spent many years building up relationships with local charities, cancer nurse specialists and GPs. Initially, it was a challenge to get professionals on board with our plans for integration.

We needed to rebuild those relationships and prove that the new...
system would improve outcomes for both professionals and their patients.

We also had some issues with not knowing the layouts of the different regional sites, and not knowing where and when rooms would be available for face-to-face appointments.

However, once advisers and health professionals saw that the integrated system worked, and how it could benefit them and their patients, they really brought the commitment needed to make it work.

Sharing information and resources electronically has made things easier, and overall our staff are less stressed and clients get a better service – and our costs are the same as before the integration.

Impact and next steps
In 2016 we won the Macmillan Professionals Integration Excellence Award in recognition of the difference we are making for people affected by cancer with financial concerns.

We helped almost 9,000 clients in 2017, and secured £13.2 million in verified financial help.

And we continue to look for ways to improve our service, exploring how we can better integrate with the Macmillan Support Line, as well as the possibility of extended hours if patients and carers want this.

We are also looking at the benefits of web chat and Skype, as well as social media and other forms of technology.
Patient experience: ‘Cancer can make you question everything’

James Kirk (pictured left) explains how the Macmillan Cancer and Work service in Fife is helping him to prepare for full-time work.

I was diagnosed with a brain tumour when I was really young, which meant my early teenage years were a struggle and I had problems at school with a lot of absences. This led to me leaving school at 16 years old with fewer qualifications that I would have expected. I went to college at 17 and did a diploma course, but for years afterwards it did not lead to any work. For quite a few years I kind of drifted and was lacking in confidence.

When I think back to that time between the ages of 12 and 17, it was children’s services that were great for me. I felt especially supported by Children with Cancer and Leukaemia Advice and Support for Parents (CCLASP), a Scottish charity that helps children and teenagers suffering from cancer. As I went into adulthood, I was trying for jobs but never succeeding, and I was on my own more.

I realise now that part of the problem was the late effects of having a brain tumor and treatment, and that this can affect someone for longer than you imagine. I especially felt the impact on my function and how I felt about myself. My confidence was low at times and my energy and sleep were affected. Cancer can put you right back and make you question everything. You can’t give up though.

After 10 years of remission, I had a recurrence of my cancer at age 22. Bang out of the blue, I got a germ cell tumour that grew out of my original tumour, and I had to have brain surgery. By this time, I was living in my own flat and was independent, but it was still a blow. The medical and nursing staff were great, and family and friends were really supportive, but my confidence did take a knock and I started questioning everything again.

Last year I came into contact with the Macmillan Cancer and Work service in Fife, in the East of Scotland. They help people with getting ready for work or support them to access education and training support if they want it. A big thing for me will be how I choose to disclose information about my history and if I need reasonable adjustments.

Things are still difficult, but the Cancer and Work service seems flexible and really centred on my individual needs. They have helped me with my confidence, and to think about my abilities and interests. This has led to me exploring my potential again and I have contacted employment support services that they have recommended. I realise that, through the years, my vocational needs have lagged behind my other needs. In a way, what I needed was an adult version of CCLASP. My aim is to get back on track and to give something back. In time, I hope to get a full-time job.

‘Things are still difficult, but the Cancer and Work service seems flexible and really centred on my individual needs.’

James Kirk

Macmillan has lots of information on cancer and work. Visit macmillan.org.uk/work
In focus: Sharing knowledge abroad

MAKING A WORLD OF DIFFERENCE

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Specialist colorectal care in Sydney

Fellowship award-winner and Macmillan Nurse Consultant Claire Taylor describes her time in Australia, meeting world-leading experts in cancer care.

As part of my Macmillan Fellowship award, I was given the opportunity to travel overseas, to gain insight into how services in other countries are approaching colorectal cancer care. I wanted to see if any processes or strategies could be adopted back in the UK to benefit our patients. I had heard some exceptional things about practice and research in Sydney, so used my contacts to set up meetings with world-leading experts there.

Pre-operative preparation
Pelvic exenteration is a type of operation used to treat locally-advanced cancer. It involves removing any pelvic organs and structures associated with the cancer, potentially including the bowel, bladder and reproductive organs. It is a major and complex operation, which requires a highly-specialist well-organised healthcare team. The pelvic exenteration service at the Royal Prince Albert Hospital (RPA) is extremely well-established.

I spent three days shadowing team members and was impressed by their multidisciplinary approach. There was a strong emphasis on pre-operative preparation. The patient meets with all key members of the team in the week leading up to their operation. As well as the consultant surgeons and cancer nurse specialists that I would expect to see in an NHS team, the Australian team also included a dedicated clinical psychologist and social worker. Their job is to assess each person’s mental health background to help them develop realistic expectations and coping strategies ahead of their operation.

In affiliation with the University of Sydney, the RPA has its own surgical unit research department called the Surgical Outcomes Research Centre (SOURCE). SOURCE records all patient data from theatre and up to five years after their operation. The RPA team uses this data to shape treatment plans, attending monthly presentations to review the data and adapt their approach.

Life after cancer
Some cancer units in Australia have been trying to implement survivorship clinics to better address the needs of adults living with and beyond cancer. I met with Professor Jeanette Vardy who leads the Sydney Survivorship Centre at the Concord Hospital.

The centre is located in the grounds of the hospital. It is surrounded by gardens, includes a gym, and is well-furnished to give it a homely feel. It is more than just a clinic, it is a sanctuary. Professor Vardy is both creative and pro-active in seeking out funding for her work. One of the therapists, for example, is funded by three different income streams.

At their initial visit, people meet the team, comprising a consultant oncologist, a cancer nurse specialist, a dietitian, a clinical psychologist and an accredited exercise physiologist. These meetings finish with a summary consultation with the oncologist, who completes a Survivorship Care Plan (SCP). Support extends beyond the clinic to opportunities nearer to where people live, to help them address actions in their SCP closer to home.

Cognitive rehabilitation
At the University of Sydney, I met with Senior Psycho-Oncology researcher Dr Haryana Dhillon, whose latest study involved an intervention to improve cancer-related cognitive decline. It is estimated that between 10 to 40% of cancer survivors are affected by...
cognitive impairment, and it affects up to 70% of chemotherapy patients. In their latest study, Dr Dhillon’s team introduced a computer-based cognitive rehabilitation program using a brain fitness app, which gave participants visual speed and processing exercises. The outcomes were studied after 12 weeks and the results produced strong evidence that cognitive rehabilitation can reduce the effects of cognitive decline.

I also met with Postdoctoral Research Fellow Dr Heather Shepard. She walked me through a clinical pathway developed for the screening, assessment and management of anxiety and depression. This included the use of an online app, where patients and clinicians can log in and view their assessments, care plans, key dates and a range of bespoke and online resources. This sophisticated IT resource is not replicable in the UK at this stage. However, elements of the pathway could be adapted to complement existing resources.

**Gaining knowledge**
I really valued spending time with the specialist nurses who shared their in-depth understanding of nursing exenterative patients. The trip prompted me to question several aspects of care, which I will discuss further with my team in the UK, including pain control, wound care and post-operative monitoring. It has also motivated me to try and secure investment for our service to ensure we can build a truly multi-professional exenteration team, where all relevant disciplines are involved in key stages of the patient pathway.

The visit to the survivorship clinic made me question how best to develop survivorship care plans, and highlighted the importance of signposting patients to a range of opportunities and resources after completing treatment. The service is not replicable in my trust, but Professor Vardy’s vision is admirable and her passion contagious. I will therefore revisit the possibility of creating a ward gym for our patients.

The research meetings strengthened my commitment to the prescription of exercise for cancer both before and after treatment, plus the importance of regular and formalised review of patients’ psychological health. I hope the contacts made on this trip will lead to further collaboration in the future. It has certainly given me much to think about.

*Expenses charged to Macmillan were £2,200 which covered three of the seven nights’ accommodation, return flight from the UK and visa costs. Other expenses were paid for by Claire.*
Macmillan Alumni make a difference in Nigeria

Three Alumni Ambassadors on sharing their expertise in a country where belief systems are pivotal to how people view death and dying.

In 2016 Macmillan was approached by Abigail Simon-Hart and Dr Niyi Adekeye, co-founders of the Bricon Foundation. At that time, the Nigerian-based charity helped women with breast cancer manage their illness, primarily by providing mastectomy bras. Sadly, cancer services in Nigeria lack strategy, focus and co-ordination of care. This is magnified by poverty, and by cultural and religious issues, which means patients are often diagnosed late.

Although representatives from the Bricon Foundation could view Macmillan's cancer information online, they were keen to gain access to teaching packages that would help them to build a framework for palliative and end of life care in Nigeria. It was suggested that Macmillan could offer support from experienced cancer and palliative care nurses, who would help design and deliver a training package for clinicians in Nigeria.

In February 2017, Macmillan appealed to its alumni network of around 100 former Macmillan professionals. We are three retired or partially-retired Macmillan nurses who had all previously been Macmillan nurse specialists in cancer and palliative care. We all had the teaching qualifications required for the project, and so we answered the call.

Planning
An initial meeting was set up for us all to meet each other, along with representatives from Macmillan and the Bricon Foundation. We settled on developing a bespoke two-day workshop on cancer, palliative, end of life and bereavement care. We planned to deliver four workshops over a two-week period for up to 100 doctors and nurses, with approximately 25 attendees per workshop.

The aim was to share best practice around end of life care, facilitating open
discussions among Nigerian clinicians about death and the dying process. We wanted to identify challenges and obstacles in delivering cancer and palliative care and empower participants to realise their own potential in improving the cancer experience for both themselves and their patients.

Macmillan already runs cancer awareness sessions for clinicians in the UK, so this format was adapted to suit the needs of those in Nigeria. Abigail advised that most Nigerian clinicians did not acknowledge death in patient care, and would avoid telling people how advanced their illness was. They tended to offer further treatment instead of being honest and focusing on a person’s quality of life.

In light of this, we agreed to use group discussion as a tool to gauge clinicians’ preconceptions about end of life, instead of asking them directly. We would prompt them to create their own strategy on how they treat, support and deliver services for the benefit of patients.

**Delivery**

We travelled to Nigeria in November 2017. The Foundation arranged the venue and enrolled 100 qualified healthcare professionals on the workshop, including staff nurses, doctors at registrar and consultant level and some allied health professionals. The day after arriving we took part in a press conference to promote the project, with the backing of local health ministers. The press conference was broadcast on international African news channels.

Throughout the workshops, understanding local dialect and cultural and spiritual belief systems was challenging. Discussions helped us to understand the challenges of providing cancer and palliative care in Nigeria. Most significant were the emotional difficulties experienced by the professionals, who struggled to cope with late presentations and a lack of hope among patients and their families.

We supplied Macmillan resources to all participants to support their learning. After each day, participants completed an evaluation, enabling us to adapt the presentation according to feedback. All four workshops were evaluated positively. The attendees particularly liked the group work as it facilitated the exchange of ideas. Clinicians felt that their voices were heard, and most valuably, Abigail and Niyi identified professionals from different geographical areas who would be interested in delivering future sessions.

This was a fantastic opportunity to see healthcare from a different cultural perspective, and it made us value the NHS more. Elements of care that we particularly value, including breaking bad news and palliative, end of life and bereavement care, are fundamental aspects of providing a person-centred approach to care. They are also valued by our colleagues in Nigeria.

The success of this project has led to Macmillan having a greater understanding of cultural and ethnic sensitivities surrounding cancer care, supporting its ambition to reach and improve the lives of everyone living with cancer. It also encourages UK healthcare professionals to explore knowledge exchange opportunities, sharing expertise and ways of working with others in underdeveloped health economies.

We continue to work closely with the Bricon Foundation, and are excited by potential opportunities to share our expertise on both a national and international level. This project will be presented at the World Cancer Conference in Kuala Lumpur in October.

*Macmillan funded travel expenses for meetings in the UK, as well as educational materials for the project. Air travel, accommodation and event fees in Nigeria were funded partly by the Bricon Foundation and partly through sponsorship monies from the Nigerian National Petroleum Corporation, TOTAL Exploration and Production Nigeria Ltd., and other partners.*
Developing cancer information in Mumbai

Macmillan Quality and Evaluation Officer Abi Howse talks about her sabbatical in India, volunteering with a cancer support charity.

Vivid. Energetic. Kind. Incredible. These are just a few words I would use to describe India. After seven years working in Macmillan’s Cancer Information Development team, I was given the opportunity to take five months’ unpaid leave to fulfil a personal ambition of mine – to travel alone through India and volunteer at a cancer charity based in Mumbai.

With a population of 1.3 billion\(^1\), cancer incidence in India is far lower than developed nations, but outlook and survival is far worse, with only 30% of Indian cancer patients surviving for over five years after diagnosis.\(^2\)

The Jeet Association for Support to Cancer Patients (JASCAP) is a cancer charity based in Mumbai. For several years, JASCAP has had permission to translate Macmillan’s cancer information resources into Indian languages and distribute these throughout India. JASCAP and Macmillan share the same mission – to reach and improve the lives of people affected by cancer.

I volunteered with JASCAP for two months. I spent most days doing similar tasks to those I would normally do in my role at Macmillan: writing easy-to-understand information...
booklets about cancer, based on the latest research and guidance, which would then be translated into other languages. Some aspects of the information needed to be changed prior to translation, such as treatments or protocols that are different in India.

Cancer care and beliefs in India

JASCAP runs a cancer information centre very near to Tata Memorial Hospital – a specialist cancer treatment and research centre in Mumbai. I spent some time there, helping patients make sense of their doctor’s notes, which were written in English. I was shocked at the level of understanding that some patients had – some did not know which type of cancer they had been diagnosed with. The JASCAP staff spoke a variety of languages, and provided people with much-needed information and support.

The cancer treatments delivered at Tata Memorial Hospital are the same as those in the UK – chemotherapy, radiotherapy, surgical procedures and stem cell transplants. But the number of patients, the availability of equipment and machinery, the space available and the level of cancer awareness among patients was very different.

In India, cancer often carries a stigma. Some people will not say the word ‘cancer’. Some people who are told they have cancer choose not to accept it, and refuse treatment. Because people don’t talk openly about cancer, there are lots of myths and misunderstandings. Organisations like JASCAP are working hard to overcome some of these barriers and improve cancer awareness.

The majority of healthcare in India is delivered in private hospitals. However, there are some state hospitals that offer free treatment and people travel long distances to reach these. Healthcare is only free for people below the poverty line, and even then, only treatment is covered. People still have to pay for consultations, scans and tests.

If someone is diagnosed with cancer in India, a hospital account is opened for them, which they must pay into to fund their treatment. If people cannot afford treatment, they can appeal to local charities and government funds to supplement their payments.

Despite the challenges faced by patients and hospitals in India, I rarely saw someone suffering on their own. Most people brought their whole family with them. It made the hospital very busy, but cancer was a family affair, not a private one. Everyone is involved, from delivering the diagnosis to making treatment decisions.

After two months in Mumbai, I set off travelling around the country. In the north, the beauty of the mountains and the River Ganges took my breath away. In the south, I saw the ancient ruins of Tamil Nadu and enjoyed the fresh air of Kerala. I also visited Varanasi, the ‘spiritual capital of India’, famous for its ghats and funeral rites. In India, religion is embedded in almost every aspect of life.

Returning home

Travelling to India opened my mind and gave me a wider understanding of other cultures and beliefs. I felt inspired by the compassion I saw strangers have for others, and by the dedication of the people I worked with at JASCAP. I learned how important faith and spirituality is to many people, and how inseparable it can be from life’s challenges and decisions.

JASCAP and Macmillan continue to work together to provide high-quality cancer information for people in India. You can read more about them at jascap.org

In the UK, Macmillan produces fact sheets in many other languages, including Bengali, Gujarati, Punjabi and Urdu. To find out more, visit macmillan.org.uk/translations

Further information

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References

Updated

Understanding mesothelioma
MAC11672 (Edition 9)
This booklet explains mesothelioma, covering causes and symptoms, diagnosis, staging and grading, treatments, clinical trials plus emotional, practical and financial issues.

Understanding secondary cancer in the bone
MAC11659 (Edition 11)
This booklet explains secondary cancer in the bone, covering causes and symptoms, diagnosis, staging and grading, treatments, clinical trials plus emotional, practical and financial issues.

Understanding cervical cancer research trials (clinical trials)
MAC11658 (Edition 13)
A guide to clinical trials, answering key questions such as what they are, how they’re carried out, and the risks and benefits of taking part in them.

Understanding CIN (cervical intra-epithelial neoplasia)
MAC15395 (Edition 2)
This booklet is about cervical intra-epithelial neoplasia (CIN). This booklet replaces Understanding cervical screening.

Understanding cancer of the vulva
MAC11643 (Edition 9)
This booklet is for people with cancer and their carers. It explains cancer of the vulva, including a new set of diagrams to show surgery options.

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

Crossword

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**Clues across**
3 Roman god of love  
6 Whirlwind or hurricane  
7 Liquid part of blood  
8 Examine for accuracy  
9 Trunked mammal  
12 Hard fire-lighting mineral  
14 A nurse  
15 Surgical thread  
18 Long-handled spoon  
19 Starting point  
20 Garlic-flavoured onion  
21 Yellow parts of eggs

**Clues down**
1 Extremely cold  
2 Short coat  
3 Chestnut colour  
4 Downy-skinned fruit  
5 Evil spirit  
6 Diplomatic  
10 Large rough-haired terrier  
11 A raging flow of water  
13 Compulsion by threat  
14 Underground storage room  
16 The creamy-white of 9A's tusks  
17 Fourth month

Answers across 3 Cupid  6 Tornado  7 Plasma  8 Check  9 Elephant  12 Flint  14 Carer  15 Ligature  18 Ladle  19 Source  20 Shallot  21 Yolks

Answers down 1 Freezing  2 Jacket  3 Copper  4 Peach  5 Demon  6 Tactful  10 Airedale  11 Torrent  13 Duress  14 Cellar  16 Ivory  17 April