‘You hear the change in someone’s voice because you empower them.’

Zahida Hussain
Macmillan Information Support Officer

In focus:
Face-to-face benefits advice

Sharing good practice:
Award-winning care
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Meet Fran and John

Mac Voice spoke to Fran Woodard and John Pearson about their roles as part of Macmillan’s Executive Strategy Team.

What do your directorates cover?

Fran: Policy and Impact are here to ensure Macmillan has clear policy statements and positions as an organisation and to ensure we deliver impact. Three areas of our work are particularly relevant to Macmillan professionals. Firstly, we are responsible for Macmillan’s strategic direction around who our workforce is and what we stand for. Secondly, we develop quality standards and frameworks for continuous improvement. And thirdly, we campaign and lobby on behalf of health and social care professionals. This allows us to drive through what matters to people affected by cancer, improve how services are delivered and hold governments to account.

Our directorate also works very closely with John and his teams to support their vital work on the ground.

John: Cancer Support Operations teams are embedded at the frontline where people affected by cancer first contact Macmillan. This includes services Macmillan delivers directly, such as the support line, grants and information services, as well as services we run in partnership with organisations such as the NHS. It also includes geographic teams that work with local health and social care professionals. As Fran has said, her directorate builds up a picture of the issues affecting people and quality frameworks. Teams in my directorate then use this as our context when we deliver support and work with professionals to make sure we are meeting the needs of people affected by cancer. We also strive to link up different services and professionals on the ground so that people affected by cancer get rounded support and as seamless a journey as possible.

Can you tell us about Macmillan’s new geographic teams?

J: We have started introducing a new structure for our geographic teams that will give better, more localised support to professionals. This will mean they can help people affected by cancer based on local needs. We now operate as nine geographies: six regions of England, and Scotland, Wales, Northern Ireland. While every geography has some common issues, there are also many differences. The new structure should allow us to work towards meeting specific needs of different areas. Fran’s teams are working hard to identify these needs.

F: I really think this new geographic structure will allow us to work in a radically different way. As someone who comes from a clinical background within the NHS, I know that every different health economy and service works differently. We need to be able to understand what helps Macmillan work well in different localities. This richer understanding will also strengthen our UK-wide campaigning, lobbying, public affairs and policy work.

J: This is part of our process as a charity of making sure we redefine ourselves to be successful in the future. We are recognising that the external market has changed but also that the number of people affected by cancer is growing. We need to make sure that where Macmillan steps in to support...
people that we can really make a
difference for them. That means
working hard at getting the overall
direction for Macmillan right, but also
concentrating on what we need to do
in each part of the UK.

What motivated you to work
for Macmillan?
J: Unfortunately several people in
my family have had cancer, so we have
been external supporters of Macmillan
for around fifteen years. When I
decided to join the third sector from a
commercial background there was only
one charity I really wanted to work for.
It took me two attempts to get here, but
I arrived in February and it has felt like
a homecoming. I can’t believe I am
here in what, for me, is the perfect job.
As a fundraiser or volunteer you get a
feel for an organisation’s culture and
I was very hopeful that when I worked
here it would be the same – and it is.
It’s a stunningly motivated group
of people.

F: Throughout my career as a clinician
I felt very strongly about recognising
that people with cancer have a life to
live outside of treatment or medical
issues. One of the most important
things that Macmillan does is to care
about people in the context of their life:
what they are going through medically,
emotionally, financially and practically.
So the values of Macmillan have always
really resonated with me. Throughout
my career I have also been concerned
with how to put the voice of patients
at the heart of care and support, and
Macmillan really strives to do that.

Earlier this year the Executive
Strategy Team spent a day
volunteering together. How was it?
F: We spent a day helping a gentleman
called Mickey, who lives in North
London, to clear his garden. Mickey
had received a grant and direct
volunteering support from Macmillan.
He is an incredible character and a
real inspiration. All staff are entitled to
a volunteering day and it’s a brilliant
chance to connect with others and
learn something new. We rely on the
support of thousands of volunteers
and that’s why we believe it is vitally
important to give staff the opportunity
to volunteer too.

J: Clearing his garden has changed
what Mickey can do with his day.
It’s now easier for him to spend time
outdoors. I feel that everyone should
spend some time volunteering and
am very keen that we have volunteers
within our service delivery who
can offer practical help to people
affected by cancer. You get a different
perspective from being a volunteer, and
sometimes it can be an even stronger
bond than a contract of employment.

Do you have any messages
for Macmillan professionals?
F: We both want to say, we really
recognise that a hugely significant
amount of how Macmillan can be
effective is with and through our
health, social care and information
professionals. They are the most
fundamental aspect of Macmillan
and we really look forward to
working closely with them.

J: All of us in the Executive
Strategy Team feel that way,
absolutely. Particularly in changing
times and as more people are living
with cancer, it is so important that
we continue to support Macmillan
professionals in all the amazing work
they are doing. Without them we simply
would not be the same organisation.

You can follow Fran and John
on Twitter:
@FranWoodard
@JohnPearson55

In brief

Leaflet targets male audiences
Macmillan’s Mobile Information
and Support Service have been
promoting the ‘Man Up, Check
Up’ leaflet to support their work
targeting male audiences.
Recent Macmillan research showed
almost a quarter of men were too
embarrassed to talk about their
concerns around cancer. The leaflet,
which raises awareness of cancer
symptoms, has been displayed
and shared at events such as
rugby and football matches, bikers’
events and farmers’ markets,
as well as in workplaces.

Revamped cancer centre
welcomes first patients
The newly-extended £2.4 million
Woodlands Cancer Centre at
Hinchingbrooke Hospital in
Cambridgeshire has welcomed
its first patients. The first phase
of the project features a spacious
waiting room, consulting rooms,
treatment bays and a Macmillan
Information and Support Centre.
The centre is due to be fully
completed in early 2017. For more
information visit macmillan.org.
uk/donate/macmillan-projects/
hinchingbrooke.html

New cancer registry information
Macmillan is working with Cancer
Research UK to increase awareness
of the cancer registry and of
patients’ rights. We are adding
a brief description of the role
of registry data to all our print
booklets, as well as letting people
know how to opt out. Information
for health and social care
professionals is available on our
website and a patient-facing page
is coming soon. For more
information email Julie Flynn
at JFlynn@macmillan.org.uk
New support centre under construction in Northern Ireland

The pioneering health and wellbeing campus is making good progress.

Work is now well underway on the Macmillan Support Centre being built on the new health and wellbeing campus at Altnagelvin. The campus is the first of its kind in Northern Ireland and the Support Centre is being funded through the £1.5 million Western Appeal.

The interior, which is currently being fitted, promises to be impressive and spacious. A library will lead into a large communal lounge with access to an outdoor space, offering privacy and calm. Visitors will be able to relax and browse the wide range of cancer information leaflets, or wait for an appointment in comfort.

The centre has been designed to the highest standards, with input from people affected by cancer, and will offer all round support. There will be a dedicated suite of rooms where individuals can receive counselling, benefits advice, wig and prosthesis fitting, or complementary therapies.

There will also be a larger room for group activities such as art therapy, gentle exercise classes, support group meetings and training sessions for volunteers and staff.

The Macmillan Support Centre will provide a dedicated facility for people affected by cancer – whether they are living with cancer, caring for someone or simply worried about cancer.

A ‘fly-through’ demonstration of how the campus will look on completion was unveiled last month, and was a huge hit on social media. The centre was also immortalised in biscuits as the local landmark for Bake the Nation – a showcase in London in the lead up to the World’s Biggest Coffee Morning, recreating UK landmarks in biscuit form. Builders on the site also had their own Coffee Morning and fundraisers had the opportunity to walk around the central reception area, which will provide easy access to all of the facilities.

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

January
Cancer Talk Week
16–20 January

Cervical Cancer Prevention Week
22–28 January
Visit jostrust.org.uk

February
National Heart Month
The British Heart Foundation’s annual campaign to raise awareness of heart and circulatory diseases.
Visit macmillan.org.uk/cot
for more information about our new primary care guidelines on heart health.

World Cancer Day
4 February
Visit worldcancerday.org

March
Ovarian cancer awareness month
Prostate cancer awareness month
Four former Macmillan professionals describe why they would recommend joining the Macmillan Alumni.

‘You can pick and choose projects’
When former Neuro-oncology Clinical Nurse Specialist Bernadette Rose retired three years ago, she was keen to maintain her connection with Macmillan in a way that fitted in with her life. The flexible nature of the Macmillan review panel proved just the ticket. This is a group of professionals who provide feedback for Macmillan.

‘The great thing about the review panel is that you can pick and choose the projects you get involved with so you never overstretch yourself,’ Bernadette says. ‘I reviewed a Macmillan television advert, for example. It was really interesting and great that my opinion was valued. I’ve also marked submissions for the Macmillan Professionals Excellence Awards. It’s really nice to be able to give back some of the knowledge that I’ve gained through Macmillan.’

‘It’s refreshing’
Since retiring as a Lead Cancer Nurse two years ago, Jan Morrison OBE has been using her considerable knowledge and experience to mentor junior nurses training to become nurse specialists. As part of the Macmillan role development programme, she supports her mentees weekly via Skype.

‘I’ve enjoyed it because when you’re retired, it’s refreshing to have contact with enthusiastic nurses who are keen to develop themselves,’ she says. ‘I point them in the right direction, give them the courage to do things differently and help them to reflect upon their practice.

‘The benefit of the Alumni is that you can do things that fit in with your own timetable. Being a mentor is not a difficult thing to do – what’s more, it’s fun!’

‘You meet all sorts of people’
Working as a Macmillan GP Facilitator from 1995 to 2010, Helen Charley has always been a passionate advocate for both improving palliative care and spreading the word about Macmillan. As she nears the end of her general practice career, she’s found the Alumni programme a great way of maintaining her Macmillan links.

‘My husband died eight years ago so my retirement will be very different to the one that I had planned,’ she says. ‘Some time ago I decided that I would take every opportunity that presents itself to me, and the Alumni has been one of these. You get to meet all sorts of people through it. Cancer has affected my life hugely, and I want to do anything I can to help others who are going through it.’

‘I’ve been exposed to new ideas’
Sue Tripp became a Macmillan Colorectal Clinical Nurse Specialist in 2001. Although she retired in 2015, she was keen to continue putting her professional knowledge and experience to good use. By joining the Macmillan review panel, she’s been able to do just that.

‘I took part in a survey about accessible information and easy-to-read resources,’ says Sue. ‘I was always very involved in giving information to patients when I was a nurse, and I saw the value of good literature for both patients and professionals. I’ve been able to use my professional experience to have an input through the review panel, and I’ve also been exposed to new ideas.’

To find out more, email alumni@macmillan.org.uk
The Macmillan Professionals Excellence Awards 2016

Now in their fifth year, the Macmillan Professionals Excellence Awards recognise pioneering teams and individuals who deliver the highest standards of care for people affected by cancer. The winners demonstrated true excellence in their specialties and were chosen after presenting their work to the awards panel. Winners were announced on 17 November at the awards ceremony hosted by broadcaster and TV personality Gethin Jones. To find out more about their work, visit macmillan.org.uk/professionalsawards

Integration Excellence Award winners

Improving coordination and integration of services

**Macmillan Welfare Benefits Team**
Citizens Advice Ards and North Down
The Macmillan Financial Help Service in Northern Ireland, delivered in partnership with Citizens Advice and North West Independent Advice Service, have created a seamless, fully integrated service across the region’s five Trusts. Having grown initially from one partnership to five, the multi-organisational team demonstrates collaborative working at its very best.

Patients call one central telephone number for on-the-spot financial advice or an appointment for face-to-face support either in hospital or closer to home.

_Innovation Excellence Award winners_

Creating new initiatives, products and services that greatly improve care.

**Radiotherapy Late Effects Team (RTLE)**
Nottingham University Hospital
The RTLE service is changing lives for people suffering the late effects of radiotherapy. Run by Macmillan Radiotherapy Information and Support Radiographers Emma Hallam and Liz Stones and Consultant Clinical Oncologist Dr Judy Christian, the service taps into existing expertise and makes it accessible to all.

What’s more, in order to provide a holistic service for their patients at their weekly clinic, the team trained in a range of new skills such as mindfulness, sexual dysfunction and simple lymphatic massage.
Acute Diagnostic Oncology Clinic Service (ADOC)

Chelsea and Westminster Hospital and West Middlesex University Hospital

ADOC is an innovative new diagnostic pathway for patients with suspected cancer who are too unwell to wait the standard two weeks following GP referral. It aims to reduce the number of new cancer presentations through acute medical services. The nurse-led clinic aims to see patients within 24 hours, provide faster access to diagnostic tests, resulting in faster diagnosis (on average within seven days) and earlier treatment.

‘We’ve seen 98% of patients within 24 hours of referral – some on the same day of referral,’ says Macmillan Clinical Nurse Specialist in Acute Oncology Rachel Sharkey.

News

Sandra McDermott
Head of Financial Inclusion and Improving the Cancer Journey, Glasgow City Council

Appalled by statistics showing how big a factor poverty was in ill health, Sandra was inspired to drive change through her role as Macmillan Programme Manager for Improving the Cancer Journey. Sandra has set up a systematic process which ensures that, without the need of referral, everyone with a cancer diagnosis is invited to have a holistic needs assessment within four to six weeks of diagnosis. It is transforming cancer care in Glasgow and the 77% uptake from people in the most deprived areas is interesting health, social care and government bodies in and beyond Scotland.

You can read more about Improving the Cancer Journey in the Sharing Good Practice pull-out.

Southport and Formby Cancer Recovery Programme

Southport and Formby CCG – Macmillan Cancer Information and Support Centre

The Southport and Formby Cancer Recovery Programme was established to support people with cancer during their recovery. It aims to improve physical and mental health and alleviate the feelings of isolation that can often follow the end of treatment.

The hub of the service is the Southport Macmillan Information and Support Centre, but the team comprises members from various health and social care organisations who work together seamlessly. Patients finishing treatment receive a specially designed information pack detailing the support they can access, such as Health and Wellbeing events, Move More sessions and support groups.

Johanne Vass
Macmillan Sarcoma Advanced Nurse Practitioner, Abertawe Bro Morgannwg Health Board

Johanne has established an innovative nurse-led rapid access clinic for patients with suspected soft tissue sarcoma. Not only has the service improved the referral and treatment pathways for patients, but it’s also removed the need for any unnecessary interventions and freed-up consultant time.

‘It’s really rewarding knowing that we’ve created something that allows me to provide patients with swift access to the right services,’ says Johanne.

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‘We’ve seen 98% of patients within 24 hours of referral – some on the same day of referral,’ says Macmillan Clinical Nurse Specialist in Acute Oncology Rachel Sharkey.
Service Improvement Excellence Awards

Vision and commitment that has made a lasting difference

Claire Taylor
Macmillan Nurse Consultant in Colorectal Cancer, Macmillan Cancer Unit, St Mark’s Hospital, London

Claire has relentlessly pursued excellence to improve services for people living with and beyond cancer across the country. At a local level she has implemented the Recovery Package at St Mark’s Hospital in London where she leads the colorectal nursing team. She’s also launched a new clinic there for people with chronic bowel problems following cancer treatment which is attended by patients from all over the UK. What’s more, as a highly-respected expert adviser to Macmillan and in her leading roles in various national professional groups, Claire uses her expertise to support other professionals to drive service change too.

Claire has also been selected as a Macmillan Fellow for her outstanding achievements. As a Fellow, Claire can access a grant of up to £10,000 to continue improving services.

Gemma Wham
Macmillan Cancer Support Worker, University Hospitals Bristol NHS Foundation Trust

When Gemma took on the role of Macmillan Cancer Support Worker at University Hospitals, Bristol, her vision proved game-changing in reshaping her rehabilitation and support service. One of her many initiatives involved introducing a one-click e-referral system allowing clinical nurse specialists to refer patients to her easily and efficiently. She also established regular, well-attended, health and wellbeing events, and supported a successful scheme to help patients boost their fitness in advance of surgery.

‘The real positive about my role is the amount of time I am able to spend with patients – it’s something clinical nurse specialists simply don’t have,’ says Gemma. ‘Patients can always access our service, and they find this reassuring.’

Henry Garnett Award winners

The Henry Garnett Awards recognise the outstanding contribution made by professionals who’ve worked directly with Macmillan, but outside their core professional role.

For example, they may support Macmillan through media activity, fundraising, policy development or education.

Congratulations to everyone who received awards, which were presented locally.

Janet Irvine
Lead Cancer Nurse Wigan, Wrightington & Leigh NHS Foundation Trust

Janet is an avid believer in the work of Macmillan. She is passionate that all her patients are afforded the good quality support that comes with having a Macmillan nurse who is able to be with them at the most difficult times of their journey. Her passion and enthusiasm for Macmillan and her dedication to ensuring everyone gets the care and support they need shows that she is deserving of this award.
The Macmillan Acute Oncology Service at the University Hospital of Southampton has been developed to offer people with cancer timely access to specialist advice, reassurance and urgent treatment. The service enables patients with cancer to avoid the Emergency Department. All patients are reviewed on arrival by one of the highly skilled emergency practitioners, and are then seen by a cancer care consultant within 24 hours. Thanks to a total of 22 people working within the service, patients’ needs are met on the spot and their length of stay is significantly reduced.

Hope Support Services, Youth Development Officers
Hope Support Services is a small charity based in Gloucestershire and Herefordshire that’s transforming the lives of young people who have close relatives with cancer. In 2012, Macmillan funded two Macmillan Youth Development Officers, Sammy-Jay Powell and Ness Holbrook, who have gone on to become integral to the area’s cancer services.

Sammy-Jay and Ness work with the young people who have been referred to Hope to pick out the parts of their service best suited to them. Some need one-to-one time with a support worker, while others prefer taking part in their vast range of group activities.

‘When a young person is better able to cope with a family health crisis, they can better engage with their family, school and community,’ says Sammy-Jay. ‘Often schools don’t understand the huge pressure young people are under when someone in their family is ill,’ adds Ness. ‘But we can liaise with schools on their behalf.’

Peter MacIntyre
Macmillan Welfare Benefits Adviser,
Raigmore Hospital
At the heart of the Welfare Benefits team at Raigmore Hospital, is a ‘one-man powerhouse’ with a legendary laugh: Peter. He has been working in the service since it was established 12 years ago and during this time he has supported hundreds of people affected by cancer. It is due to his commitment and professionalism that he is well known, respected and loved by Macmillan professionals, patients and the wider community alike.

Winsiders celebrating at the 2015 ceremony
What attracted you to working on the Macmillan Support Line?
I worked in the Oncology Unit at St James’s Hospital for two years, and then spent nearly ten years in the service department at a powered wheelchair company. When they relocated I was looking for a job where I could talk to people, as that was what I had enjoyed doing. As I’d previously worked in oncology, when the Macmillan job came up it was perfect. A friend’s husband had also recently passed away from bowel cancer, and he had a Macmillan nurse who was absolutely brilliant. After that experience, working for Macmillan was something I was really keen to do.

What does your role involve?
We’re the frontline team so we take all the calls that come through on the support line. You never know what people are going to ring up for. When people are diagnosed they often don’t know what to do, so they might ring up just to talk through what’s going on. We offer emotional support and

‘As long as you’re giving support to the person, there’s no limit on how long a call can be.’
we look to see if there’s local support in their area, because some people are more confident talking face to face than over the phone. We also put people through to our backline teams like the welfare rights team, the nurses, the work support team and the financial guidance team. We talk it through with them first to see what support is needed and then put them through to the relevant teams.

The length of a call really varies. Sometimes it could just be a couple of minutes, other times it could be 50 minutes. As long as you’re giving support to the person, there’s no limit on how long a call can be.

**How did you come to be involved in the Not Alone campaign?**

It started a couple of years ago when we needed something for the website to explain to Macmillan staff what our role was. After I’d done that I was asked if I would do the Macmillan Support Line TV advert. It was probably because I’m one of the ones that talks the most!

**You’re on some of the outdoor advertising as well as the Macmillan Support Line TV advert. Have you had much reaction?**

I have, yes. People come up to talk to me and tell me their whole cancer story. An elderly lady in my GP surgery had seen my picture on a poster, and when she saw me sitting in the waiting room she just came up to me and started telling me about her grandson.

I’ve been recognised in traffic, in shops, and even on holiday. The TV advert came on in the bar and everyone turned to look at me. I spent the latter part of that holiday offering support to a lot of people! At first I used to get a bit embarrassed when people were looking at me or telling me their stories. Now I imagine I’m on the phone and I just talk to them, representing Macmillan in the same way I would if I was at work.

**What do you enjoy most about your role?**

I think what I like the most is the job satisfaction. You can get people who are really upset, who come on the phone and they’re almost lost. They don’t know what support they want. You speak to them and at the end of the call they say, ‘Thank you. You’ve helped.’ You can hear the change in their voice because you empower them a little bit. I remember at the end of one call a gentleman said he felt like I’d held his hand and walked him through it all. That always sticks in my mind.

**What are the biggest challenges?**

People ring up with emotional calls, maybe suicidal calls. One of the challenges is protecting yourself, so you don’t take that call home with you. We get plenty of support, with regular supervision and debrief sessions at the end of the day. If it is a difficult call we can take ourselves away for 10–15 minutes afterwards to talk it through with someone, or even just sit in a quiet corner. That emotional side is difficult sometimes.

**Do you have a message for health and social care professionals, who might direct people towards the support line?**

I would say to them, give our number out to anybody who’s affected by cancer. We can offer all kinds of support – financial, practical, emotional and medical. Sometimes people might not discuss things with their medical professionals, and then they get home and think of things they want to talk about. If they have our number they can call us, even if it’s just for a chat.

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People affected by cancer can call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm.
Networking in Australia

A head and neck cancer team visited the 20th National Otorhinolaryngology Head and Neck Nurses’ Conference in Australia to share best practice.

The Head and Neck team at Calderdale and Huddersfield have been involved in a regional redesign of head and neck cancer services supported by Macmillan. The aim was to improve patient experience by providing tailored support, involving a multidisciplinary team approach based on motivational interviewing and intensive allied health professional (AHP) rehabilitation. Our evaluation and data has shown significant improvements in outcomes and quality of life after treatment.

In order to share this best practice, my colleague Michelle Beaumont and I presented a poster at the 20th National Head and Neck Nurses’ Conference in Melbourne. This was an amazing opportunity to highlight the work being done in the UK, while increasing knowledge from a range of topics and presentations that were scientific, current and holistic.

What was immediately obvious was the passion that everyone attending had for their work, no matter where in the world they had travelled from. Most of those who attended were from a nursing background, but the scope of roles was significant, with no two health professionals undertaking the same role even when job titles were shared.

The vastness of Australia’s geographical area means people may have long distances to travel for treatment and hospital appointments. For people with head and neck cancer, this can limit how frequently they meet with their healthcare team. Unlike in the UK, care is often funded privately. In some areas, expensive enteral feed and equipment must be paid for by the patient. As a result, adherence to feeding regimes is often an issue, with implications for recovery and greater risk of poor nutritional status post-treatment. It was evident at the conference that post-treatment support was usually led by the speech and language therapists, who would call upon other AHPs as required. It was also apparent that no teams appeared to exist in the model of our multidisciplinary team at Calderdale and Huddersfield.

The use of quality of life questionnaires, care planning and holistic needs assessments is becoming well embedded into practice for people living with cancer in the UK. These interventions are only just being developed in Australia, and those that were starting to introduce these tools have looked to the UK for guidance on implementation.

In the UK, our cancer nurses and AHPs are fortunate enough to be the drivers of improving services and have access to extra training to manage complex needs. In Australia this role seems still very much led by medical clinicians. Many of the nurses felt that taking on additional roles would both benefit those they care for and enhance their own job satisfaction.

The trip was valuable in highlighting the level of service provision for head and neck cancer patients in the UK. We also hope our colleagues overseas can use some of our team’s ideas.
Trialling an Assistant Practitioner role

Rebecca Weller, Community Macmillan Clinical Nurse Specialist, appraises a pilot to introduce an Assistant Practitioner role within a community team.

Assistant Practitioner (AP) roles have been successfully introduced within many healthcare teams, enabling them to meet patients’ needs in a cost-effective way. However, there is limited evidence around the experience of APs within specialist community Macmillan teams.

In our community team based in Nottingham, it was agreed that the role of AP would be introduced to promote skill mix. The role would be trialled for one year to investigate whether it could enhance patient experience without compromising safety or quality of care.

Evaluation
The role was reviewed at the beginning, midway and then ten months into the trial. It was reviewed on a one-to-one basis with the AP, and also with the CNSs in the team in the form of a focus group. The final evaluation identified that the AP was providing emotional support for patients and carers through direct contact and telephone support. They were also able to support the team through non-clinical activities, such as sourcing resources.

However, the amount of patient-facing work carried out was quite limited, and not enough to make the post sustainable. The service is commissioned to provide expert advice and support around complex challenges and symptoms, so a higher level of knowledge, training and responsibility is necessary. Patients accepted into the service often had some unresolved symptoms at assessment, and their conditions were often unstable and unpredictable. Those whose condition improved and were no longer deemed to be complex were discharged from the active caseload.

The future
The service has limited resources and therefore needs to focus attention on patients with the most complex problems. But the team has acknowledged the demand for community-based support for patients with a lower level of need. On this basis, a new Macmillan service is currently being developed to sit alongside the specialist service. The new service will support patients and carers who do not meet the specialist referral criteria, but have unmet needs. For these patients, including survivors of cancer, advice around access to services, financial signposting, and low-level psychological and symptoms support would be provided.

While we found the AP role was not appropriate in the complex case management of people affected by cancer, a level of competence and skill was demonstrated which could be applied to a non-specialist service.

The experience of piloting the AP role has significantly informed service development based on risk-stratification in Nottingham. The specialist team used this evidence to successfully secure Macmillan funding for a two-year community-based cancer support project. The new service will incorporate APs working with support and supervision from experienced registered nurses, and will interface with the specialist team. It is anticipated that this may provide a financially-viable approach, with potential to reach a broader population and assist with the ongoing generation of positive outcomes for all those affected by cancer within Nottingham City.
Promoting physical activity

Justin Webb, Macmillan Physical Activity Engagement Manager, discusses the importance of being active for people living with cancer.

Being physically active has been shown to have many benefits for people living with cancer. Patients are advised to avoid inactivity and return to normal daily activities as soon as possible after surgery and during cancer treatments, working towards the standard age-appropriate physical activity guidelines.1

The benefits
Evidence suggests physical activity improves common side-effects of cancer treatments such as cancer-related fatigue, psychological distress, weight gain and loss of bone mineral density.2 There is also a correlation between being physically active and improved survival and reduced recurrence.3 Biological mechanisms through which these benefits might be achieved may include effects on cell growth regulatory pathways, hormone levels, gene expression patterns and tumour immunity.

A dose response relationship has been reported, meaning that even small improvements in physical activity may have a positive impact. However, despite the demonstrated benefits, only 23% of cancer patients are active to the Chief Medical Officer’s recommended levels, and 31% are completely inactive.4

Delivery of physical activity advice
A U.S. survey suggests 80% of cancer patients are interested in lifestyle advice.5 A recent survey by Macmillan showed that people living with cancer consider healthcare professionals to be the experts in providing advice and support on becoming active in relation to their cancer.6 However, 43% stated they had not received advice on being more active from their healthcare professionals.

Cancer patients report a high level of interest in lifestyle interventions, including demand for written health information to support changes in lifestyle behaviours.7 Interventions using printed materials offer a promising means of intervening across geographies and have been shown to be effective. For example, a 2007 randomised control trial8, involving 377 breast cancer survivors who were not meeting the physical activity guidelines, showed that at 12-week follow up, physical activity levels increased by:

- **30 mins** per week after receiving just a recommendation from a physician
- **70 mins** per week after receiving a recommendation and a printed guidebook
- **87 mins** per week after receiving advice and using the guidebook in combination with a pedometer.

Further information
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020 7840 5097
Refreshed Move more guide

The Macmillan Move more guide is a print based resource complemented by online tools, which aims to support people living with cancer to become active at a level right for them. Originally developed in 2011, the guide has been updated and redesigned following a systematic review of existing literature and primary research. It is now much more than a printed guidebook.

The Move more guide is a step-by-step guide to becoming more active. People using it will find tips on choosing what activity to do and where to get support; help on setting realistic and achievable goals; and tips on how to get started and how to keep track of progress and achievements.

Included with the guide are:
• a ‘Physical activity and cancer’ information booklet
• an activity chart and diary, to help users plan, record and keep track of their progress
• a Move more DVD with gentle activity videos that can be done at home.

The pack is complemented by a range of online support available at macmillan.org.uk/beactive

This includes access to an online social community, linking users together and promoting positive experiences. Being part of the community helps users identify themselves as ‘physically active’ individuals and to act as role models for others.

In addition, users can access an online ‘Ask the Expert’ group, where people can ask questions and get advice from exercise and cancer specialists, reassuring both people with cancer and their family members that physical activity is both safe and beneficial.

Details of how to access local activity opportunities are available within the guide as well as online, with the 40 Macmillan Move more services across the UK included on the ‘In your area’ database.

The Move more DVD is also available to view on the Macmillan YouTube channel, making it accessible on a range of devices.

Move more guide users can sign up to receive regular, personalised and tailored e-newsletters which include more advice and tips on becoming active.

The Move more guide is free and available to order from be.macmillan.org.uk/movemore

More information
We hold a monthly one hour online seminar on ‘Understanding physical activity and cancer’.
Further details are available at learnzone.org.uk/macprofs/279 If you are unable to attend a session, or you would prefer to complete the training in your own time and at your own pace, we offer a pre-recorded training session. Please contact physicalactivity@macmillan.org.uk for more details. For more information on Macmillan’s work around physical activity, visit macmillan.org.uk/wonderdrug

References
Becoming an Online Support Professional

Cancer care professionals are giving their time to provide information and support online to people affected by cancer.

Macmillan’s Online Community is an area of the Macmillan website where people affected by cancer can give and receive peer support.

Since launching in 2009 the Community has gained over 100,000 members and gets around one million views each month. Macmillan recognised this clear need for specialised support via an online channel, and set up the ‘Ask the Expert’ section of the Community, where members can ask questions of a variety of health and social care professionals.

Alongside cancer information nurse specialists and benefits advisers from the Macmillan Support Line, cancer care professionals from around the UK have been volunteering as Online Support Professionals to help offer this unique and specialised service.

During the first six months, Online Support Professionals on the Online Community have offered support on six different topics and answered over 120 questions which have been viewed over 10,000 times.

Online Support Professionals

Our current professional volunteers include dentists, radiotherapists, a speech and language therapist and a palliative care junior doctor. Jenny, a dietitian who hosted a Q&A, commented, ‘I really enjoyed doing Ask the Expert. It was fun and gave me a sense of satisfaction in a different way to my usual work. I liked being able to help one person at a time, without distraction, where I could just be a dietitian. My communication skills benefitted too, especially on being more open and direct with people. It’s interesting managing people’s expectations online, when you can’t ask lots of questions or gauge reactions. It didn’t take up much time, and the satisfaction I got from the role makes it worthwhile.’

Sanjaya is a Colorectal Surgeon who has been answering questions about AIN3 and anal cancer. He told us, ‘I have absorbed a lot from the posts and types of questions posted which has helped my practice and in particular the quiet unspoken concerns patients have but don’t tell you about.’

72% told us that they felt they had someone to turn to as a result of the website.

73% felt they could talk openly about their thoughts and feelings.

Further information

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Ask the Expert proves to be popular with users of the service, with seven out of ten people who have asked a question stating they found the response helpful, and over half of all expert replies rated very helpful. One Online Community member said of Sanjaya’s support: ‘Thank you so much for taking our concerns seriously and advising. I am going to investigate what we can do now to help mum get the best ongoing treatment she can. Thank you’.

Developing the service
After the success of this project we hope to recruit more Online Support Professionals and expand the service to reach more people and cover more specialist topics. Our survey also showed us there is continued demand for experts across all cancer types.

Kim Hardwick, Senior Cancer Information Nurse with the Macmillan Support Line says: ‘It’s fantastic to have health professionals from such a range of cancer settings offer their expertise in this way. So many people are choosing to seek information and support online – so we need to be there too. We work closely with the professionals to make sure they are fully supported during their Q&A, and that they also get the most out of the experience too.’

We provide the necessary training and support, and the role can be done from anywhere in the UK. Ask the Expert is a great opportunity to utilise and develop communication skills in an online setting and as well as contributing towards professional development.

If you think you have the necessary skills and time available to help more people get the information and support they need, please contact Josie Ray for more information or apply at volunteering.macmillan.org.uk.

The Macmillan Online Community is a carefully moderated website where your patients can find emotional and practical support from others facing similar issues. People of all ages with all levels of digital ability use it to talk about anything to do with cancer – from treatments to coping with everyday life to the death of a loved one. Run by Macmillan staff and volunteers, it’s a safe and supportive space.

Everyone is welcome at the Online Community and no-one has to give their name. It’s totally up to people how they use it. And it’s available on all devices, so support is always at hand.

Tell people you support to visit community.macmillan.org.uk

Further information
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The value of spiritual care

Addressing spiritual needs is a key part of delivering holistic, person-centred care.1–4

In the UK today, ‘spirituality’ covers a wide spectrum of belief systems, from membership of a faith community to following a more personal philosophy or lifestyle. A commonly held view is that pastoral and spiritual care (often known as chaplaincy) is only for people who are religious. Unfortunately, this prevents many people from benefitting from professional support, where their deepest hopes and fears can be listened to and explored.5,6

When people affected by cancer come to see us in the information service, it is often after a clinic appointment. The ‘grief and loss cycle’7 presents itself at each juncture along the cancer pathway and not just towards the end of life. It manifests in many different forms, from physical loss or loss of control to a more generalised and pervasive sense of sadness and fear of the unknown.

Our Macmillan Cancer Information and Support Service in Cambridge was launched in January 2015. In an increasingly pluralist society,8 death is still a taboo and a person’s sense of belonging may have no particular frameworks within which to explore meaning. We initially grappled with how to support the pre-bereaved, the bereaved and how to help with family and relationship issues arising.

But since November 2015, we have worked together with Pastoral and Spiritual Care. Chaplain Debbie Ford has been providing weekly sessions for a trial period. Through a generic model of psychosocial and spiritual care9 a deep and complex range of concerns can be aired and explored: ‘Why is this happening to me?’, ‘How am I going to tell my children?’, ‘I’m not ready to die’.

Interventions are on average 30 to 40 minutes. There is no waiting list or lengthy referral system, unlike many counselling services, since the team is on site with a 24/7 on-call service and available on request. As a crisis intervention, a one-off conversation makes all the difference.

Coming from a background as a therapy radiographer, Leah Melabianaki, our Information Specialist, admits she had not fully appreciated the extent of the trauma experienced by people with cancer – especially those who couldn’t come to terms with what was happening to them. ‘I thought of Pastoral and Spiritual Care as practitioners who were available to act as a religious representative. Debbie’s unwavering support and guidance has never depended on whether the person she speaks to is “religious” or not. Now, I realise the value and relevancy of spiritual care.’

References

1. Macmillan’s nine Outcomes
2. Department of Health.
   National Cancer Survivorship Initiative Vision. 2010
3. NICE guidance. Improving Supportive and Palliative Care for Adults with Cancer: the Manual. 2004
   Faith at end of life. 2016
8. Contemporary society in the UK is increasingly pluralist – both religious and secular.

Further information
Louisa Bird (Far left), Macmillan Information Service Lead
Leah Melabianaki (Far right), Macmillan Information Specialist
Debbie Ford, Chaplain (Middle)
Cambridge University Hospitals NHS Foundation Trust
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Mindful compassion

Jan Bolton was part of the first group of professionals to train as Macmillan Mindful Compassion Facilitators.

Mindfulness is a way of focusing your thinking on the present moment and accepting how you are feeling. Mindful compassion builds on this by encouraging both self-care and care for others. It can be a useful tool for patients who are managing the uncertainty and fear that follows a cancer diagnosis.1,2 Having been part of a group of professionals who have trained to deliver mindful compassion courses, I have also learnt how beneficial it can be for professionals.

Becoming a Mindful Compassion Facilitator

Blythe House Hospice in the High Peak introduced a Mindful Compassion course for people with cancer around seven years ago. The course was led by David Oldham, a Macmillan Counsellor (pictured). As David developed the course, Macmillan took an interest in supporting it as a means of helping both people affected by cancer and professionals. Macmillan began to run retreat weekends and other courses to support their professionals by offering access to this learning.

In November 2014, a pilot began to train professionals as Macmillan Mindful Compassion Facilitators. The training would enable them to offer courses to patients, carers and professionals. I was among the first group to complete our training in February 2016. Some of my colleagues were also part of this group: Shez Holmes, Neuro-oncology CNS (pictured second from left), Angie O’Dell, Macmillan Colorectal CNS (fifth from left) and Annie Jones, Macmillan Clinical Psychologist (third from left). A second group of trainees are about to begin.

As trainee facilitators, we followed the eight week programme that had been developed by David for patients, but compacted into four weekends. It was a home study course with emphasis on experiential learning. Mindfulness is very much taught from your own experience of meditation. As David would say, ‘Go and sit on your cushion!’

The training concluded with a five day retreat. The emphasis was on ensuring the group was familiar with and able to deliver the programme. These five days were filled with meditation practices and discussions around the delivery of the programme, alongside constructive feedback about the course. There were also periods of silence which, although a challenge at times, helped to embody the learning.

Using the training

The vision is now that we will run a pilot group for patients and teach the programme in its eight week format. We will then audit this with the aim of continuing with a rolling programme.

Macmillan’s vision is to continue to train facilitators of the courses in order to be able to support more and more people affected by cancer. David also envisions that a Macmillan mindful compassion community of practitioners and facilitators will develop to offer ongoing training and support. He would like each group of facilitators to meet and support each other through supervision and retreats.

This will lead to an extended mindful community that can continue to grow and support patients in the future.

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Macmillan and benefits advice

The following pages give examples of how Macmillan benefits services across the UK are innovating and improving lives.

Benefits advice is an integral part of the cancer care pathway. Financial stability is also a prerequisite for self-management. But many people simply do not receive the information and support they need to maximise their income. Macmillan is working to change that through our services where people can meet in person with experts and discuss their needs.

Key facts about our services and their reach:

Since 2000, Macmillan has invested more than £60 million in face-to-face benefits advice services across the UK.

In 2015 there were 129 Macmillan benefits advice services across the UK, based in a range of settings.

These services reached 148,869 people and secured approximately £211 million in financial gains for people affected by cancer. Compared to 2014 this was a 21% rise in reach and a 16% increase in financial gains.

Macmillan’s wider financial support offer

Face-to-face benefits advice is part of Macmillan’s wider financial support offer. We also provide:

- Support from financial specialists on the Macmillan Support Line (0808 808 00 00) – welfare rights advisers, financial guides and energy advisers.
- Grants which people affected by cancer can apply for through a health and social care professional – to find out more, visit macmillan.org.uk/grants
- Debt advice available through our charity partner StepChange Debt Charity. This can be accessed through the Macmillan Support Line.
- Print and online information to help people manage their finances – available to order from be.macmillan.org.uk or to read online at macmillan.org.uk/moneyworries

Because I was at home during the day, I had the heating on a lot and my bills practically doubled. Financially, things were tough, and I realised that when you have cancer you can often feel like you’re out on a limb. Luckily, Macmillan’s benefits advisers were there to help me.’

Julian, who was diagnosed with duodenal adenocarcinoma in 2008
An arm around people’s shoulders

Karen Gough’s benefits advice service was among the first in the UK to be funded by Macmillan.

Around ten years ago, a survey suggested patients were very happy with the clinical support they were getting from Macmillan. But they were also telling their doctors things such as, ‘Well I can’t afford to go for radiotherapy for six weeks because I can’t afford the petrol or the rail fare’. And doctors didn’t always know where to direct them. As a result, Macmillan developed partnerships with organisations to provide welfare rights advice for people with cancer. The roles here, based around the Bath Citizens Advice Bureau, were among the first of these face-to-face roles in the UK. The aim of the service was initially to provide welfare rights advice to patients treated at our local hospital and their families as needed. Ten years later, we now have funding from our local hospice as well as Macmillan, and we are an integral part of the support provided to people affected by cancer in the area. We make sure they can afford to have treatment and ease any worries about money, such as their mortgage or rent.

Working through ‘what if’ scenarios
A cancer diagnosis is often the most catastrophic financially for people of a working age, or for working age couples. Their income is likely to drop at the same time as their expenses, such as travel, heating, clothing or diet, will be increasing. Some people can’t afford to be ill. We can help people right from the start of this experience, by working out what they are entitled to at that point, and working through ‘what if’ scenarios should their income drop further. Their case remains open and active for as long as they need while their circumstances change. If they become terminally ill we can help them access benefits under ‘special rules’ which mean they can get benefits faster. We also reassure people with cancer that we will support their partners or families as needed. About 25% of our work is bereavement work, which includes pre-bereavement planning as well as supporting people financially when they are bereaved.

Effecting change
Face-to-face services also have a much wider role in terms of social policy work and campaigning. I’m a member of an Expert Advisory Group, which is a group of around 12 welfare rights advisers that links in with Macmillan’s head office every six weeks and provides information. We help with campaigning by reporting on issues on the ground. It means we can actually effect change and give Macmillan the personal stories and data they need when speaking with the Department for Work and Pensions and policy makers.

Being on people’s side
Demand on the service is huge. We have a team of volunteers to help us manage. It’s partly because we are now very well known to people who live in the area, but also because it has never been a more complicated time to apply for benefits. Welfare reform changes and the recession have had a big impact, and people are also living for longer with cancer. People appreciate that we are on their side. We’re not seen as being linked to officialdom; we’re more like an arm around people’s shoulders. Last year in terms of written-off debts and benefit gains we were approaching £3 million and that’s just from our small regional team.

Further information
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Face-to-face benefits advice In focus

Making benefits advice accessible to everyone in Northern Ireland

Macmillan is working in partnership with advice services to provide comprehensive welfare rights advice across the country.

Unlike the rest of the UK, in Northern Ireland we do not have local authorities that benefit services can approach for funding. For this and other reasons, Macmillan’s benefits services have developed along different lines to those in England, Wales and Scotland – but, due to our impressive reach, we have set an example of new and efficient ways of working to support people affected by cancer.

Based in cancer units, Macmillan benefits advisers have embedded the service they provide into the cancer pathway. We work with health professionals, social work teams, Macmillan information and support managers and other hospital-based services, such as hairdressing, wig-fitting and complementary therapies.

I am a Macmillan Belfast Citizens Advice Bureau (CAB) Adviser but Macmillan is now working with five independent advice bureaux and health trusts. I can say – with confidence – that we all offer the same quality of support to people affected by cancer, wherever they live in Northern Ireland and whichever hospital they attend for treatment.

We have continued to improve our response time and reach with the introduction of a central telephone number and triage system. Callers with simple enquiries get the answers they need, there and then. But triage advisers can also make face-to-face appointments with advisers. Our electronic referral process and single database guarantees a seamless service for people who contact different advisers, first at the hospital where they are treated and then closer to home after their treatment ends.

For me, it’s important to be on hand here at the Mater Hospital in Belfast. I’m here to get the ball rolling, as soon as someone is diagnosed with cancer.

Reaching 89% of those who need us

Last year Macmillan advisers helped people affected by cancer in Northern Ireland claim around £14.5 million in welfare entitlements and patient grants.

Between 2013 and 2015, the overall number of Northern Ireland clients increased by 8% and the total gained in benefit income, or regular ongoing payments, increased by 16%. Meanwhile, one-off payments (including Macmillan patient grants) saw an increase of 65%.

In 2014, the NI Demand, Investment and Performance Report estimated that 6,852 people in Northern Ireland would require assistance from the Macmillan benefits service.

Our current reach is 6,115 (89%) – the highest across Macmillan-funded services in the UK. The average cost per case is £60.50 – the lowest in the UK.

Our role as influencers

We do take our role as influencers of social policy very seriously. We have a good relationship with the Social Security Agency (SSA). Thanks to the SSA’s Head of Customer Relations, Macmillan CAB benefits advisers (and only Macmillan advisers) have a special direct phone line to the agency, which was initially intended for use by Stormont politicians. This allows advisers to expedite urgent claims and minimise stress for people needing financial help.

The introduction of Welfare Reform was delayed in Northern Ireland due to political negotiations at Stormont. Personal Independence Payment was only introduced in June this year but we are disappointed to see that problems in the rest of the UK have not been solved and are now causing frustration and high levels of anxiety for many of our clients. We’re recording all these incidents and will collate the information and flag the issue with our regional CAB office and the Macmillan Policy Team, who will lobby on behalf of our clients to try and get the system changed.

If anyone has recently received a cancer diagnosis in Northern Ireland, they can call 0300 1233 233.

Macmillan health professionals can also refer patients electronically to the Macmillan NI Welfare Rights team by emailing macmillancab@citizensadvice.co.uk.

Further information

Jean Murray
Macmillan Citizens Advice Adviser
Mater Hospital
Belfast Health and Social Care Trust
‘Refer your patients to us’

That’s the most important message that Tina Smith, Macmillan Welfare Benefits Manager in Neath Port Talbot, has for health and social care colleagues.

Our Welfare Benefits department is based at Neath Port Talbot County Borough Council and covers the four hospitals in the Abertawe Bro Morgannwg University Health Board. We are an ‘early adopter’ of delivering a redesigned Macmillan benefit service. We are delivering services so that when someone with a cancer diagnosis attends a hospital appointment, they are offered benefits advice within the acute setting.

Reaching people as early as possible
Studies by Macmillan have shown the sooner somebody gets advice about benefits, the better. People need to know what’s in front of them as early as possible so they can make provision. What Macmillan aims to achieve is that, firstly, as many people as possible are offered the choice to have benefits advice if they wish to take it, and secondly, that the best place to deliver this service is in the acute setting.

Providing advice within hospitals
People with a cancer diagnosis can experience difficulties in accessing their benefits for a number of reasons. For example, the decision-making process for Personal Independence Payment in particular isn’t helpful for people diagnosed with cancer. Many people have to travel long distances to Swansea or Cardiff to then wait before going through a 40-minute assessment. This has been especially difficult for people living in valley areas with limited bus services. In addition, people going through chemotherapy treatment may also have low immunities, increasing anxiety if they’re not used to being on public transport or in public places.

In contrast, our benefits service in the acute setting aims to make things as easy as possible for people, so that when they are already coming in for treatment, they can see our posters and drop in to talk to us. If we can’t see them there and then, we can book them an appointment to see them at another time they are due to visit the hospital. We can complete their forms face to face and talk to them about their difficulties. Some people feel that they don’t want to see an adviser so we offer them the Macmillan Support Line number. Whether they want to speak to someone in person or on the phone, they are offered as much choice as possible to access a service that’s going to suit them.

The reward of the project is seeing the difference that we make. Sometimes it makes a difference as basic as to whether they can put their heating on. It sounds small, but it helps them through their treatment and beyond. Ultimately, it’s about making things a little easier for those with a cancer diagnosis.

My call to action to you
My call to action is simple: refer your patients to benefit services. Financial concerns are a very sensitive subject and there is already a lot of pressure on clinical staff. But if we can get the clinical staff to routinely refer their patients to us, they have the option to get advice and alleviate worries early on or to access benefits they are entitled to.
Speeding up benefit applications in Inverclyde

Jacqueline Coyle on how she is reducing waiting times for benefits.

My role was set up by Macmillan in partnership with Inverclyde Council. I mainly work from the Inverclyde Health and Social Care Partnership office, but I also have a base at the oncology ward at Inverclyde Royal Hospital for half of the week and a local hospice for half a day each week. A high proportion of the people I see are affected by cancer.

People approach me with a range of financial problems. It could be a young family who have a mortgage and travelling expenses to medical appointments. Perhaps one of the couple can’t work, but they may not have company sick pay, just statutory sick pay. They could also have council tax costs and bills to deal with.

Then there is a group of people who may be more elderly and concerned about heating costs and travelling expenses. They may be able to claim Attendance Allowance if they have problems with personal care.

Other people could be eligible for council tax reduction, support with mortgage interest payments, or grants. A whole range of support is available.

Adapting and improving

Recent changes to the benefits system have affected the accessibility of some benefits. It can be difficult for people to meet the criteria. One example is Personal Independence Payment. People must score certain points for the Department for Work and Pensions (DWP) to qualify and they do this by demonstrating how their condition affects them. It can be hard for people to understand how this works and the process can be lengthy.

To improve the situation, I am trying to shorten timescales for applications for benefits. I am obtaining letters where possible from health professionals, which gives the DWP a better understanding of health problems and their impact. I am trying to give the DWP as much information as I can about each case from the beginning. Personal Independence Payment applications for people who are terminally ill are now being processed very quickly.

There are aspects of welfare reform that are working well locally. One change is the introduction of the Scottish Welfare Fund. The DWP used to administer a community care grant fund from a central resource, but now the Scottish government have given each council a budget for this. That really does seem to be working effectively. I work closely with the Scottish Welfare Fund in Inverclyde, and when I refer people to make an application directly to the fund I feel very confident that they will get the help they need.

Keeping an open door

I stress to people that my door is always open and that they can come back to me for further support. The feedback I receive is really nice. I ask people to complete questionnaires and monitor the responses closely. A high percentage come back with ‘excellent’ ticked which reassures me that I am helping.

There is room for different forms of benefits support. In some cases I will do an initial assessment over the phone or via email, as some things can be sorted that way. But I don’t think there is anything like meeting in person. So much more comes out of the discussion and people might feel more comfortable opening up.

Everybody should have an opportunity as part of the patient pathway to speak with a benefits adviser. Health and social care professionals should make sure there is an equality of service and that everyone has this opportunity. Some people may not present as needing this support, but a conversation with an adviser could reveal hidden financial needs or direct them to vital support.

Further information
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01475 715365
Resources

Updated

Move more: your guide to becoming more active
MAC13314
3rd edition

The Move more guide includes a copy of the booklet Physical activity and cancer, and five short flyers about some popular types of physical activity. There’s also an activity chart you can fill in and stick on your fridge, so you can see what you’ve achieved each day. It also comes with a DVD, which has gentle activity videos you can do at home.

Understanding melanoma - lymph node assessment and treatment
MAC12176
3rd edition

This booklet gives information about tests to check the lymph nodes for any spread of melanoma, and surgery to remove them. It covers tests and treatments, as well as emotional and financial issues.

The essential work and cancer toolkit
MAC13294
3rd edition

This pack for HR and Occupational Health teams contains our key work and cancer resources such as Work and cancer, Working while caring for someone with cancer and Managing cancer in the workplace. The toolkit includes information booklets for employers, employees and carers.

Your rights at work when you are affected by cancer
MAC12981
2nd edition

This leaflet is for people affected by cancer, including carers, who would like to know more about their rights at work. It covers the Equality Act 2010, which relates to people in England, Wales and Scotland and the Disability Discrimination Act 1995, which relates to people in Northern Ireland.

Understanding melanoma that has come back in the same area
MAC12178
3rd edition

This booklet gives information about treatment that may be used if your melanoma has come back in the same area. It also covers emotional, financial and practical issues.

Understanding melanoma and treatment with surgery
MAC14707
2nd edition

This booklet includes information about what melanoma is, its symptoms and causes, how it’s diagnosed and staged, and how it’s treated with surgery. It also talks about follow-up and coping with emotions.

Crossword

Clues across
1. The art of gardening
2. Entry doors
3. Spaniels, terriers and poodles
4. Oriental or opium plant
5. To be of the same opinion
6. Oriental or opium plant
7. The TV and radio
8. Easy-going (5-2-5)

Clues down
1. Stuck fast and stranded (4,3,3)
2. Shy and reserved
3. Examine closely
4. Shrangri La or El Dorado
5. Neat and orderly
6. Scrap of cloth
7. A subordinate company
8. Royal dog
9. Hindu philosophy
10. Oriental or opium plant
11. To be of the same opinion
12. Occurring at irregular times
13. Adjust to different conditions
14. Using powers of ten
15. Give to a charity
16. To eavesdrop
17. Was concerned and looked after
18. Kind of fish
19. Hindu philosophy
20. Eggs