AWARD-WINNING CARE

WE ARE MACMILLAN CANCER SUPPORT

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Having Macmillan professionals acknowledged by awards is huge recognition for the organisation. Whether it’s the Excellence Awards, Macmillan-sponsored awards from organisations like the RCNi or Nursing Times, or other external awards, it raises the profile of Macmillan and of Macmillan professionals’ posts. That kind of success means other professionals see Macmillan engaging with the NHS and the people that it treats, but they also see how good Macmillan is in terms of what it can deliver, and what professionals that work with or for Macmillan can do.

Awards are also valuable for the individuals or teams that receive them. Healthcare professionals work incredibly hard, day in and day out, and it’s nice to be able to take a bit of time to step back and be told you’ve done a good job.

I’ve been involved in awards in many different roles over the years, be it giving out awards, shortlisting or helping decide winners. Each time I’m blown away by the work people do, and also by the impact the recognition has on them. People in our profession often don’t think that they are doing something extraordinary, but they are. The Macmillan Professionals Excellence Awards really epitomise that. This year when I looked at the shortlists and met nominees, they were all so passionate about what they were doing but at the same time incredibly understated. They tend to think, ‘Isn’t this what everybody does?’ No, it isn’t. If you get recognised for doing a great job, the impact that can have on your self-belief and confidence should never be underestimated.

When they receive constructive and positive feedback from award panels, people feel valued, appreciated, and motivated to push new boundaries. When patients or the people they care for are instrumental in nominating or awarding, the motivational impact is even greater. Many award winners and nominees I speak to get hugely motivated to go on and do more,
because knowing that people think that you’re doing a good job is so powerful.

Awards are a great way of sharing good practice. They showcase what healthcare professionals are capable of and what is being done to improve care. Often recipients will subsequently be asked to present their work elsewhere to show others what they have done. They may be asked to write an article, or speak at a conference. The doors opened by award recognition mean people can share their work with a wider group of people, which is so important.

Fundamentally, award recognition has an impact on everybody who’s affected by cancer, and that for me is the most powerful thing. To any professional working on a project that might be eligible for an award, or anyone considering nominating someone, I would say, ‘Go for it’. Be prepared to share, be prepared to learn from others, and be proud of what you do.

Further information
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Case studies

Four Macmillan professionals talk about their roles in award-winning projects and initiatives, and the impact of being recognised.

Venetia Wynter-Blyth

Winner: Royal College of Nursing Nurse of the Year 2016

Venetia Wynter-Blyth is Lead Upper Gastro-intestinal Clinical Nurse Specialist at Imperial College Healthcare NHS Trust. Venetia founded the PREPARE programme: a holistic approach to getting patients both physically and psychologically fit for surgery. As well as her individual award, in 2016 Venetia’s Prepare for Surgery Team won a Royal College of Nursing Innovation Award.

What is the PREPARE programme?
The programme came about because I recognised there was a missed opportunity in the build up to surgery to focus on the holistic needs of patients. As a nurse you’re in a privileged position to get a bird’s eye view of the patient pathway and experience, and from listening to patients I felt there was huge scope to make an improvement in the patient journey through prehabilitation and the PREPARE programme.

PREPARE stands for Physical activity; Respiratory exercises; Eat well; Psychological wellbeing; Ask about medications; Remove bad habits; Enhanced recovery. It started as the Personalised Patient Care or PPC programme, but no one really understood what that was. The acronym gave us that zing and made everyone think, ‘This is something we want to be a part of’. It also tells the patient and family exactly what it’s about.

How was the programme set up?
To begin with it was just an idea. But as with all ideas, it’s much easier if you have the funds to implement it. So I put pen to paper in 2013 and applied to the Imperial Charity, for funding. All I knew at that stage was that I wanted to meet the holistic needs of patients in the pre-operative period. I was awarded a grant to fund the programme for a year and that’s when I really felt the pressure to deliver. At that stage it’s no longer just an idea. Somebody believes in the project enough to invest a considerable amount of money in it, so you’re accountable and you have to make sure you deliver tangible outputs. The first step was to assemble a multi-professional team, because it’s a multi-dimensional programme and not something that can be delivered by just one nurse. The most important part of the programme is facilitating patients to tell us what they need.

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and want moving forward. Patient engagement is a theme that runs right the way through from the day-to-day delivery of the programme to the design and future of the project.

At the end of the year the team started to look at the data and it was clear that things were happening. We thought, ‘This has the potential to really make a difference. How can we develop this? How can we sustain it?’ The Imperial Charity were really supportive and we were awarded further funds to sustain the programme and develop it further. We refined the measures and evaluation, implemented monthly group meetings and quarterly patient engagement workshops, and worked with patients to develop a video. The icing on the cake was when the PREPARE acronym was developed – that was when the project really took off. Suddenly PREPARE started to trip off the tongue. People started to ask, ‘Have they done PREPARE?’ prior to scheduling cancer resections. There was a culture change.

What outcomes have you seen in the first few years of the programme?
For each part of the PREPARE acronym we have measures in place. We look at functional wellbeing, nutritional status and psychological status. And along with enhanced recovery we look at length of stay and post-operative complications, so we collect a range of data. Perhaps the most important thing is looking at quality of life and patient engagement. By formalising and optimising patients in the pre-operative period and really setting the scene from the outset, patients seem more engaged and more activated, and that’s translating through into shorter post-operative stay and fewer post-operative complications.

What do you think the future holds for the programme?
I’d like to see the programme extended to other tumour types. It would have to be modified because the requirements would be very different for breast care or lung patients, but there’s no reason why the same concepts can’t be applied. Essentially the programme is about patient engagement. It’s about giving patients the best opportunity to become actively involved in their care. The whole concept of prehabilitation and patient engagement could be transferred through a range of healthcare settings. I believe we must think more about optimising patients and involving them at the earliest opportunity because that translates, as we’ve demonstrated, into long-term benefits. It also complements the survivorship agenda.

How did the award recognition come about?
I saw the awards and I applied for the team. I thought it would be a nice opportunity to give the team the recognition I felt we all deserved. Awards like this don’t come along very often and it just gives everyone a massive boost. You see the tangible benefits, you see that patients are benefitting from the programme but it’s nice to get external approval as well. But when I applied I had no idea all this would happen. When we
were shortlisted I thought, ‘That’s fantastic. I can tell everyone that we’ve been shortlisted and we can have a nice night out as a team.’ You really don’t expect this to happen. It’s just brilliant to feel that other people acknowledge the potential of the programme, and to get a nursing award for a multi-professional initiative is great. I didn’t have any idea until the ceremony that I was going to get the individual award as well, so that was a fantastic surprise.

**Has receiving the awards opened any doors for you?**

Definitely. In a recent interview I was talking about prehabilitation and the interviewer said, ‘Have you just made up that word?’ Rehabilitation is a well-known concept but the idea of prehabilitation, and certainly holistic prehabilitation, is not a concept that is well acknowledged or recognised throughout the NHS. I think it will become more so, and it is definitely gathering momentum. Previously when we talked about getting patients to the gym to exercise in a pre-operative setting, people would look at us as if we were crazy. But now you’re almost knocking on open doors. The minute you say, ‘This programme’s won this award and it’s got a nurse of the year award’, people stop and think, ‘Maybe there’s something in this.’ Being a Macmillan professional also gives you credibility. Macmillan is held in high regard by many people and there’s a certain expectation that comes alongside being a Macmillan professional.

I would encourage anybody who has developed an idea to apply for funding. It gives you a platform to share something that you know has the potential to impact across a wide range of specialties. As healthcare professionals we should let other people know we have something that works well if we’re going to improve healthcare on a broader scale.

**What motivates you to take on new initiatives on top of your clinical work?**

I think it’s important to protect, if you can, time to focus on service improvement initiatives. That really is something that’s going to drive the NHS forward. It’s a core component of our job as nurse specialists to look at service initiatives, to be innovative and to be change champions. It’s a fundamental part of our role and we can’t afford to sideline it. I understand the challenges that accompany the specialist nurse role, but if we are going to move forward, if we’re going to progress the profession, we need to focus on those aspects that can enable us to deliver better patient care and improve patient experience.
Sarah Burton

Winner: Macmillan Service Improvement Award 2013

Sarah Burton is Macmillan Lead Gynaecology Clinical Nurse Specialist at the Velindre Cancer Centre in Cardiff. Sarah was part of a project to modernise care for women with gynaecological cancer through nurse-led follow up, resulting in a significant reduction in appointment waiting times.

What did the project involve?
I came into my current post in 2011. Prior to that, our follow-up clinics had been over running, often until eight o’clock at night – the consultants were struggling, and patients were unhappy because the average waiting time was anything between three and four hours. We got involved with the pharmaceutical company Pfizer and worked with them on a redesign project to look at our follow-up protocol. We had two CNS posts – myself and Clare Churcher, a part-time band six who came...
We sat down with our consultants and the project group and looked at how we could best utilise our posts. It was decided that we should take on some of the follow-up clinics ourselves, to make them nurse-led. The timing coincided with one of our medical oncology consultants, whose case load was ovarian cancer patients, starting maternity leave. At that time I had 16 years’ experience in gynae-oncology, so it was decided that Clare and I would cover her follow-up clinic on a Tuesday afternoon.

We looked at guidelines and protocols that our consultants were happy with, and set up a new clinic code. The clinic was established for six patients, with a half hour slot for each patient. When our patients finish their chemotherapy, they are given an information leaflet as to the follow-up protocol. We see them every three months in the first two years, and we decided to alternate the follow-up between consultant-led and nurse-led. The first visit is with the consultant for their scan results post-chemotherapy and then three months later they come into the nurse-led follow-up. Rather than just looking at their clinical symptoms, we take a holistic approach. We talk to them about the signs and symptoms of recurrence, and what to look out for, but we also look at coping mechanisms for any side effects they may still have, and help them to rebuild their lives after chemotherapy.

Prior to winning the Excellence Award we audited the service. It showed that the average waiting time had gone down to 15 minutes, and we had 100% patient satisfaction which we were very proud of.

What has happened since the award in 2013?

Since the award, the alternate nurse-led follow-up model has been adopted in sites throughout the UK, and not just for gynae-oncology. I’ve had at least a dozen clinical nurse specialists contacting me, including colo-rectal, upper GI, head and neck, and gynae-oncology nurses. I’ve even been contacted from Australia to ask about the model.

Although we started the clinic for ovarian cancer patients, we now also use it for women with endometrial and cervical cancers.

We re-audited this summer and again we had 100% patient satisfaction. So we’re very pleased that we’ve got a model that works, and it’s helped our patients, who say they feel empowered by coming to the clinic. They feel that they’re not wasting our time by asking questions, whereas before they reported feeling they couldn’t ask their consultant certain things because they know how precious their time is. We also do joint follow-up clinics with the consultants, where we do clinical checks for signs of recurrence as well as addressing holistic needs. Patients can understand the signs and symptoms of recurrence, have a chat about coping after chemotherapy, and we can focus on their holistic needs, including signposting them to the correct professionals where appropriate.

As well as the nurse-led follow-up, we also run a nurse-led psycho-sexual clinic, and a nurse-led telephone follow-up clinic. Patients have said in the past that when they are diagnosed and go through chemotherapy and the intensity of all the appointments involved, they feel very well supported. But when they come to the end of their treatment and are told we won’t see them for three months, they can feel a bit abandoned. Our patients know that they can pick up the phone to us and have a conversation about any concerns. In the recent audit patients were saying, ‘I know that they’re only at the end of the phone and I can always ring for advice and reassurance.’ We’d love to be able to ring patients on a regular basis but because of capacity issues that just isn’t feasible, so it’s about empowering them to take the onus of responsibility and contact us.
What was it like to receive the Excellence Award, and did your win boost the project?
It was wonderful, and a very humbling experience. I certainly didn’t expect to be nominated let alone win the award, because it’s just for doing something that I love. It made me feel immensely proud. Proud to be a Macmillan professional, proud to represent my cancer centre but also to be able to represent my patients. The award wasn’t just for me – it was for Clare and the team, our cancer centre and our patients.

After winning the award I had a lot of emails from healthcare professionals, and we’ve done presentations about the project nationally and internationally. That’s included a trip to Paris with a poster presentation at a Quality and Safety Conference. We also published an article in Cancer Nursing Practice. It’s been great to share our good practice with so many people.

What motivates you?
I’ve been an oncology nurse for 26 years and a gynae-oncology clinical nurse specialist for 22. I feel privileged to be doing the job I’m doing. It’s all about the patient and their family: being part of their journey, helping them make sense of what is an extremely frightening and emotional time. I love my job and I think it’s an honour to be able to do what I do. I was trained nearly 30 years ago and a quote we were told then always stays with me – ‘Always treat the patient the way you or a member of your own family would want to be treated.’ I work in a fantastic cancer centre, where we all enjoy what we’re doing and go that extra mile, and that is reflected in the patient care and the feedback that we get. Looking for new ways to improve our service and make things better for our patients is what motivates me to embrace new initiatives and ideas. It is all about patient-centred care, and that’s what drives me.

What would you say to other Macmillan professionals thinking about developing new projects or initiatives?
I would say to go for it. Change is good. It’s refreshing, it’s rejuvenating. Don’t be afraid of it. We all know that working within the NHS is as hard now as it’s ever been, but by changing things and embracing change you can make your job even more enjoyable. I get far more satisfaction through doing my nurse-led clinics now than I did previously, so I would encourage other health professionals to embrace new initiatives. It’s exciting, it’s challenging, and you can reap the rewards of better patient care and job satisfaction.
Macmillan Partnership Support Services – Glasgow

Winners: Perfect Partnership Award, Scottish Charity Awards 2016.

Macmillan Partnership Support Services connects Macmillan Cancer Support, Glasgow Life, Glasgow City Council and a range of other organisations. Improving the Cancer Journey (ICJ) is a significant part of the partnership and acts as the umbrella service to other Macmillan services for people affected by cancer. Along with the Scottish Charity Award, ICJ also won the Better Outcomes award at the Municipal Journal Achievement Awards 2016. It was also shortlisted for Self Management-Supporting Health and Social Care Partnership of the Year at the Health and Social Care Alliance Scotland Self-Management Awards.

We spoke to Craig Tobin, Development and Engagement Lead Glasgow, about the partnership.

How did the partnership come about and what does it involve?
30,000 Glaswegians will be diagnosed with cancer by 2030. If carers and family members are included, this figure rises to 70,000 people impacted by cancer. Our partnership approach is the first of its kind in the UK, where community-based services are being deployed to complement the clinical services being delivered by the NHS.

In 2008 Glasgow City Council launched the Long Term Conditions and Macmillan Service to provide benefits advice. We realised quickly that financial issues were a major area of need, but there were many other concerns. So Glasgow City Council and Macmillan saw a need to develop a service that would support patients and address their concerns outside of the clinical environment. Improving the Cancer Journey was launched, which is now part of Macmillan Partnership Support Services. Improving the Cancer Journey is unique among our services in that it’s the only one with access to clinical patient information. Now when someone’s diagnosed in Glasgow, they automatically receive a pack from Improving the Cancer Journey offering them an adviser to help them navigate through the services they might need.

We have seven Macmillan-funded services in Glasgow. They provide different kinds of support to people affected by cancer including financial support, emotional support in communities through libraries, physical activity programmes through Move More, and Macmillan volunteering in the home. The Perfect Partnership Award includes other partners as well. For example, as part of the libraries programme we have complementary therapies and counselling through Cancer Support Scotland. We have team members seconded into Improving the Cancer Journey from the Wheatley Housing Group, who support our Holistic Needs Officers with expertise and knowledge on rehoming and housing vulnerable groups. We have support from Glasgow Home Energy Advice Team (G-Heat), to assist service users in fuel poverty with grant applications.

The partnership between Macmillan and Glasgow Libraries has been particularly significant. Glasgow Life runs 33 library community information and support services. These include complementary services and counselling run by Cancer Support Scotland.
Some areas of Glasgow are very community driven and people are reluctant to travel, so to have that emotional support accessible locally is amazing.

In total, all the services have supported more than 20,000 individuals in Glasgow. And there are more projects being planned, including supporting late diagnosis patients in A&E, and working to reduce the amount of time GPs spend on issues that could be resolved by pharmacies. In October 2016 we also started work on building a hub for all the services in the entrance to the Beatson Hospital.

What challenges have you faced?
Macmillan give funding to host organisations to roll out and manage services. These host organisations often have different policies, procedures and communications guidance, and everyone has their own targets. This
previously meant a lot of duplication in terms of communication and engagement. My role is to create a single communication strategy, a single engagement strategy and a single point of access for all services. The work now is focussed on building a sense of team between all the programmes. And the programmes are huge – Improving the Cancer Journey, for example, works with over 240 different agencies.

During the evaluation of the first phase of the libraries programme, it became clear that we needed to spread the word about the services now available in Glasgow. So we developed a community outreach service and worked with hospitals to create Service Level Agreements. We took the library service ‘on tour’, to engage with communities and third sector organisations. NHS professionals weren’t initially trusting of a volunteer-led service, so there was work to do to try and build that trust. We provide training for library supervisors to support volunteers, and getting our training accredited through Queen Margaret University in Edinburgh really helped to build trust and credibility.

We recently facilitated a development day, where all Macmillan professionals from every service came along to a workshop-style session to look at the future of the service. It provided a rare chance to reflect on our current situation, look back at achievements and begin to build a picture of what future services might look like.

An issue for healthcare professionals, third sector organisations and patients has been that there are seven different numbers, offering seven different services. There’s no clear beginning and end. That’s something we’re trying to focus on. We want to ensure the patient is the most important aspect in all work streams and that their Macmillan experience is the best it can be. It’s all focused on making sure cancer patients and their families, friends and carers are given the best service possible, and can navigate through services seamlessly. It’s about utilising the resources that are already in communities, and building and maintaining those relationships.

What values are core to the partnership?
The work that’s been recognised through the awards has teamwork and communication at its core. We keep all the main funders and service providers up to date with every development, as well as working closely with local communities. We communicate with them in a number of ways, including e-newsletters, partnership forums, infographics and face-to-face interactions.

Everyone has the common understanding that everything we do is to support people affected by cancer. We’re currently doing a lot of work around co-producing and co-designing, changing the way we set up services to really include the patient voice. We’re able to ensure local accountability to help sustain these fantastic services.

How do you share best practice?
I feel like Glasgow is now on a pedestal as a model for best practice and for service development and delivery. The Improving the Cancer Journey model has been a point of interest for over 10 locations across the UK, and we offer support and consultation as other areas develop their own services. It’s also a major point of focus in the Scottish Cancer Strategy for the future. The libraries model has also been used across the country. It’s soon to be rolled out in Lanarkshire, and the Edinburgh programme launched recently.

To share all our learning we’ve developed monthly Macmillan Programme Redesign events. Macmillan professionals, GPs and NHS staff from across the UK can come and look at how we’ve developed these services and take away learning points we’ve faced along the way. There are different structures for healthcare
around the UK, so people often bring new questions and ideas. We also share learning about what hasn’t worked for us. I think that’s important.

**How did the award recognition come about?**
The application for the Perfect Partnership Award was a rewarding and reflective journey for everyone involved. It’s not often you are able to reflect on achievements and I think that was a great part of putting the application together. There was so much information needed, it was a real team effort. We collated statistics, reach figures, governance information, and details of what was innovative, creative and special about our programmes. Everyone involved had a say and I think that made the application shine.

It’s important that the staff and volunteers delivering our services represent us at award ceremonies and get the recognition they deserve. They are the ones on the frontline. For individuals and teams, winning awards really does increase motivation levels and boost their pride in the service they’re working or volunteering for.

**Has winning awards opened new doors for the partnership?**
The Perfect Partnership award was high profile, so there’s been a spike in people getting in touch. Following articles about the partnership we often see an increase in patients getting in touch with services, and other organisations may contact us to find out if we can work together. It helps raise the profile of the services. Awards also give us more credibility when we promote services.

The cancer landscape and culture is changing at a significant pace in Glasgow. Keeping up with trends and having visibility through awards really does help raise and maintain our profile, so that no one has to face cancer alone.
Kirsty McKay
Winner: Royal College of Nursing Northern Ireland (RCNI), Cancer Nurse of the Year 2016.

Kirsty McKay is Macmillan Uro-oncology Project Nurse based at Antrim Hospital. Kirsty set up a nurse-led telephone review clinic to improve after-care for men diagnosed with prostate cancer.

How did the project come about?
There’s a UK-wide problem around the review of oncology patients, with not enough hours and too few doctors. Within our trust we have a large catchment area, and we were finding that post-radiotherapy prostate patients were coming to review clinics and sitting for two or
three hours before having a review that only lasted two or three minutes. It wasn’t a good use of the patient’s or the consultant’s time, so both were left dissatisfied. We started to look at other ways of reviewing patients and came up with the idea of trying telephone reviews. We used a project in Northern Ireland called Transforming Cancer Follow-Up (TCFU) as a vehicle to get the project up and running. The Transforming Cancer Follow-Up programme is a partnership between Macmillan Cancer Support, the Health and Social Care Board and the Public Health Agency, facilitated by The Northern Ireland Cancer Network.

We met with our TCFU manager, the consultant and my general manager, and decided to pilot the programme. I came into post in January 2014 on an initial 15-month contract. I started to see patients in the middle of April and within about six months it was very evident that 15 months wasn’t going to be long enough, so by December they extended our funding for a further three years. There’s another year and a half of that funding to run.

Initially we focused on low to intermediate risk patients, and I went through the clinic list to see which patients were suitable. Within about four months we had cleared the backlog of patients waiting for review. As both the consultant and myself gained more confidence in my abilities, we developed the pilot further and took on high-risk patients as well.

Last year we had 330 telephone reviews. Doing reviews over the phone frees up time from the consultant’s clinic, enabling them to see new patients and patients with complex needs. We’ve sent out patient questionnaires to gauge opinions about the service, and about 85% came back and said they thought it was a good idea. There have been a couple of patients who have said that they prefer face-to-face reviews, but nobody has had any complaints about the service.

What other outcomes have you seen?
Within about six months of the original project we also developed an eight-week transition programme to help gentlemen adjust to life after prostate cancer, in the first year after radiotherapy. We covered a variety of subjects such as healthy eating, diet, exercise, sexuality and communication. The programme got a really good reception, and we’ve now run it three times.

Based on the work I’ve done here, our Trust has secured funding to employ an oncology nurse practitioner. Hopefully they may be able to develop the role within the trust to cover other tumour sites.

On the back of the project I’m also now doing my nurse prescribing course. It is hoped that we may be able to extend the project to include nurse-led prescribing for patients on long-term hormone treatment.

How did the RCN NI award come about?
I was nominated by our Cancer Improvement Manager, who I work closely with. She and my general manager felt that the project deserved recognition, so they filled in the forms.

I had to go for an interview after I was shortlisted. I found that quite daunting, and came out thinking there was no way I was going to win. About a week later I got a letter in the post. My kids opened it and they screamed when they realised I’d won. It was really exciting.

At the ceremony in May I met other professionals involved different projects,
and it was great to hear about all the different things going on throughout Northern Ireland.

It’s very humbling to think that people feel you’re worthy of such an award, and it boosts your confidence in your ability and skills.

**Has your award recognition boosted the project?**

It has definitely given the project validation. I was asked to present at a Macmillan Learn and Share event within Northern Ireland. This involved talking about the project to local peers, and there were also people there from England, Scotland and Wales. The event looked at a variety of Macmillan projects, including TCFU and the prostate nurse-led telephone clinic, and focused on sharing the learning from each project in order to provide the best possible service for patients.

Students have contacted me for more information about the project as well. There was an article in a local paper recently about the project and my award, and one of the patients who has come through the telephone review service phoned me to say congratulations and tell me how wonderful he thought the whole thing was. That was amazing.

**What drives you to get involved in new projects on top of your clinical work?**

Within Northern Ireland prostate patients have often been a bit neglected, but I think that’s changing now. Men can often be reluctant to talk about personal things, but with the likes of Prostate Cancer UK and the Movember Foundation, prostate cancer patients are getting a better voice. More celebrities are coming forward and saying, ‘I’ve had prostate cancer’, which is encouraging people to talk more about their issues. Our role is to provide the best service for the patient whilst presenting best value for money for Northern Ireland.

I’ve worked in oncology for 19 years, and my main driver has always been providing the best service for our patients. Seeing all the changes that have come in during that time, and hearing about all the different things happening across the UK, I’ve realised that there are often better ways of working. So it’s important we constantly look at where improvements can be made.

**What would you say to other Macmillan professionals considering developing a new initiative or project?**

I would say that it’s very challenging, but it’s important to listen to other people. Get out there and chat to people, see what they’re doing and see how you can develop it. Look at what work is already going on and look to build on it –don’t try to reinvent the wheel. You should also make sure you get your team on board. My manager and my consultant are very supportive and have been on board from the word go. If you have a good team it makes implementing change a lot easier.

For more information about award-winning Macmillan professionals and details of networking opportunities, visit [macmillan.org.uk/professionals](http://macmillan.org.uk/professionals)