

## Transcript

### Revolutionising cancer care: Macmillan's new strategy

#### Intro music

#### Carly (00:13)

How are professionals and those with lived experience helping to shape cancer care for the future?

#### Samina Hussain (00:20)

I feel like this strategy is actually now saying we will walk alongside individuals, families, loved ones, carers, because it takes a whole community to get someone through their treatment. It did for me because I couldn't have done it alone. It wasn't just my family impacted. Was extended family, community, local mosque, everybody, that saw me rocking it bold. So, I feel that the strategy wording has been really powerful in people finding their place in that journey.

#### Carly (00:52)

Hello, I'm Carly and my pronouns are she, her.

#### Liv (00:55)

And I'm Liv and I go by she her. Welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals to lift the lid on current issues faced by the cancer workforce.

#### Carly (01:09)

This year marks the 35th Macmillan Coffee Morning and you're invited. At Macmillan, we believe everyone diagnosed with cancer deserves the best possible care. But better is always possible and we can't do it alone. So why not help us transform cancer care over a cuppa? Host a coffee morning on the 26th of September or any day that works for you and raise a little or a lot because every pound helps support not just people facing cancer today, but everyone in the future.

Sign up now at [macmillan.org.uk/coffee](https://macmillan.org.uk/coffee).

#### Liv (01:44)

If you enjoy this episode, please subscribe, rate and share with your colleagues and friends. We'd also love to hear from you. Please get in touch to ask questions, give feedback or even to suggest topics you'd like us to cover by emailing [professionalspodcast@macmillan.org.uk](mailto:professionalspodcast@macmillan.org.uk) or by filling in our short survey linked in the episode description.

**Carly (02:02)**

This episode contains conversations about lived experience of cancer, which you may find upsetting or triggering. Listener discretion is advised.

**Liv (02:12)**

In this episode, we're shining a spotlight on Macmillan's new strategy, which launched in January 2025. This marks the significant moment for the UK's leading cancer care charity, a renewed vision for how Macmillan will stand alongside people living with cancer in the years ahead.

Today, there are almost three and a half million people living with cancer in the UK and that number will continue to grow. Macmillan have developed an exciting new strategy to enable us to do whatever it takes to get every person the best support today and spark a revolution in cancer care for the future. We're joined by two fantastic guests today, Claire Taylor and Samina Hussain, who both played key roles in developing the new strategy to help us unpick what it means and why it matters.

So, if I could start with asking you both to introduce yourselves, Claire, if I start with you.

**Claire Taylor (02:56)**

Thank you very much Liv. Good morning, everybody. My name is Claire Taylor and I'm Chief Nursing Officer at Macmillan and I'm also a Senior Oncology Nurse at London Northwest University Healthcare NHS Trust.

**Liv (03:08)**

Thank you, and Samina.

**Samina Hussain (03:10)**

Thanks Liv. good morning. It's lovely to be here. I'm Samina Hussain. I'm the founder of Sakoon Through Cancer. Sakoon meaning peace and tranquillity. And it's a charity supporting South Asian women through breast cancer and a big focus on women's health.

**Liv (03:25)**

Thank you. My first question is to kind of dig a little bit into what we mean by a strategy. So that's what obviously this episode is about, about Macmillan's new strategy, which launched this year. Claire, first off, I could ask what is a strategy generally and why do organisations like Macmillan need one?

**Claire Taylor (03:42)**

Yes, it's absolutely vital that you have a strategy to make sure that you're thinking about your ambition and your long-term vision. So, it really helps you.

with some clarity when you've got quite a complex environment like healthcare, you want to be able to prioritise and think what are the things we really need to achieve. So, it gives you a framework for maybe the next five years, as is in the case of our Macmillan strategy, but within that framework you're able then to think about those short-term goals that you want to deliver on.

**Liv (04:12)**

And why was now the right time for Macmillan to launch a new strategy and kind of go through that development process? What's changed in the world of cancer care that made now the right time?

**Claire Taylor (04:21)**

It was absolutely the right time, and I think it's worth saying that Macmillan have always, for the last century and more, actually been evolving to respond to the needs of people with cancer. This is another evolution because what we were seeing was the demands were increasing. As you said, we have more than three and a half million people living in the UK with cancer. And what we were hearing is that their experiences weren't always good and there was unacceptable variation in those experiences and we were also seeing in the data that outcomes were different in different parts of the country depending on who you are, where you are and how you are. So we just felt that this was something that we really needed to address and actually you know we're in an ideal place because we have that amazing legacy of providing information and support and working across the nations with others to really improve the lives of people with cancer.

**Liv (05:16)**

I wonder if you could take us back in time to the start of that decision point of now is the right time for Macmillan to develop a new strategy and walk us through how the new strategy was developed.

**Claire Taylor (05:27)**

Well, I think what was really exciting was that the decision was made for us to use an open strategy process. So, we were really transparent about how we developed that process because quite often strategies are sort of made in board rooms and people then get told that this is what you've got to deliver. But actually, we took a very different approach. We said we want to hear from everybody who this is going to affect. It was very inclusive, so a lot of people were hearing about our plans and ideas. We put out quite a lot of open calls for information and we heard back from 10,000 people about their ideas and gave us their feedback for things that we may be able to include in our strategy. We also ran a number of workshops, so we invited people to come and share their thoughts and in total 700 people join those workshops. And we also ran over 200 community events where we could get people around the table to

have conversations to really hear what mattered to them to help inform our strategy. So that process took quite a long time and that's where Samina and other people with lived experience came in. But crucially we also involved Samina and others in a really strategic way to help us take all that information and start to really prioritised down into the things that we needed to focus on. Meanwhile, within our organisation, we'd set up a number of task forces which were staged over the year and in total I think we had 13 of those. We got people working across Macmillan in many different roles to come together in short periods of time to work on a particular problem, so what might we want to do about this. They looked at the evidence, they did some sort of share and build sessions, they brought in experts and really thought about how do we solve this problem and we did that for a few weeks to come up with some really good different ideas. About 13 different ideas were surfaced and then they were brought together with all that external consultation that we've done, all the evidence, all the feedback from people to then start to say okay which are the issues that really matter here, what are the areas that we can focus on over the next five years in our strategy.

**Liv (07:32)**

Brilliant, amazing that it was such a collaborative process and so many people, yeah, the number of people that were involved, that's brilliant. And Samina, if I could bring you in and if you could share a bit about how you heard about the opportunity of being a strategy advisor and also then what that role involved. And if I could ask as well, when you first heard about the opportunity, was there anything in particular that you wanted to bring to the table and kind of bring to the conversation about Macmillan strategy?

**Samina Hussain (07:59)**

Yeah, definitely. think when I was approached, I was like, wow, what a unique, fantastic opportunity. And it's not just about my lived experience of cancer. It's actually my whole life of being a mother, grandmother.

**Liv (08:07)**

Mm-hmm.

**Samina Hussain (08:16)**

You know, my women's health element, working with local authority and public sector, but also in the NHS as a transformation lead, understanding co-production and the essence of ensuring everyone's voice is heard. And it gave a really powerful platform for all of the sort of lived experience that I've experienced as being South Asian, a Pakistani Muslim woman navigating cancer, but also in the charity work of the voices of all of those women that I connect with on a daily basis and some of the taboos, the challenges and the difficulties that they faced in navigating their journey. And sometimes, you you think, well, if we could just make a small tweak and make things easier, we could just hear their voices or hear my voice. That would make massive transformational change within strategy. And again, you know, a strategy is that

framework, it's to set us off in the right direction and it can be very transformational, can be uplifting and go much, much beyond, because sometimes it's that lack of understanding and connection that people just don't understand. I mean, the greatest gift I got, if I'm honest, as well as my voice being elevated, heard, respected, really noted, I think also the connections from that group, that strategic group from up and down the country of different individuals that were appointed to be the lived experience strategy advisors.

**Carly (09:31)**

Yeah.

**Samina Hussain (09:53)**

really powerful because it actually shaped my perspective as well of what I was seeing in terms of inequalities not just for South Asian women, for black women, for LGBTQ plus communities. I was learning how other communities too faced similar or other challenges. it was a really powerful way to learn, to give back, share and to transform something, it really did make a difference in how I perceived or saw things developing. And often, like Claire said, strategies are created in a closed office and presented to a board it felt, I mean, I didn't write down the vast numbers, but here it felt very inclusive space, but also a co-production at the heart of every decision. And the Darzi review talks very heavily about co-production, voice of community, understanding community. So that shift and the parallels that we want to create, I feel, was done way ahead before even the Darzi review came out by Macmillan in their thinking of an open strategy.

**Carly (10:53)**

Mm. And we've talked before in other episodes about that idea and the concept of co-production and co-creation and actually about it not being a buzzword but being a real thing that we do and something that's meaningful. And it sounds like this is such a brilliant example of that. And just like what you said, the amount of people that are, that were involved in it and your really important role, Samina, I think it's just, like you said, it's not something that someone has done in a room and come up with and then said, ta-da, it's that true collaboration and hearing lots of different voices. I think it's amazing. I think your role sounded, yeah, really, really good.

**Samina Hussain (11:37)**

Yes. It was Carly, truly it was amazing, but I think also it's not just a one-off action. I'm back here today, I've been probably, yes we did the actual work in middle of last year but we've kept that connection, I'm still in contact, we're still reviewing, contributing where we can so I think it's that everlasting impact that you create. So, it's not like, well it's a tick box, we've done co-production, spoken to people and that's it. I do feel it's an integrated part of how Macmillan works now, which is fantastic.

**Claire Taylor (12:17)**

And I did feel the strategic advisors with lived experience really challenged the leadership team. If we were debating whether something was going to be really pertinent within our strategy, we had some really kind of active debates about our different perspectives and whether it should be prioritized or not. And so there was really healthy challenge. I think because we'd had a series of meetings together, we'd got to know each other. And actually, that sort of real varied perspective was so valuable in arriving at our final strategy.

**Samina Hussain (12:51)**

I'll say, Claire, also, was an equal playing field. It was very equal and fair. So, there was no hierarchy in the room as such. I didn't feel, you know, I couldn't say what I wanted to say because the way I think you or the team orchestrated the whole activities, they put a lot of thought and passion into it. They made sure that, you know, that some of it was face to face, some of it was online, it was accessible. But we all built a relationship.

**Samina Hussain (13:19)**

I think that's the key to co-production. It isn't just about let's have your views. It was about building that relationship and respect. I felt humbly respected that, like you say, I could say and challenge without feeling uncomfortable or feeling, oh my God, she's the CEO, Gemma. But think me and Gemma had some very frank conversations and she took it gracefully and said, yeah, I agree. I think, yeah, I think it's giving a lived experience individuals, advisors, the platform to have their voices heard.

**Claire Taylor (13:55)**

I think we often talk about co-design and maybe people might involve people with lived experience at the beginning when they're shaping their ideas or quite often, they might just involve them at the end. But I do generally feel in this process there was involvement all the way through. So, this really was co-production that everything was equally discussed and decided upon throughout the process.

**Carly (14:06)**

Mm.

Yeah, that sounds really, really great, really good. So, we've talked a bit about the process of developing the strategy. So, I think it would be a nice time now to actually talk about the strategy itself. So shall we start with you Claire and we can kind of get into it from there. So, what is Macmillan's new strategy? What is Macmillan's new vision for the future? Can you tell us a bit more?

**Claire Taylor (14:41)**

Yes, well it's very exciting five-year strategy and I think we're off with it now. So it's great that we're of thinking about what we're going to be doing this year, next year, but also, you know, keeping in mind where we want to be by 2030 because we want to do whatever it takes to make sure that people get the very best support today, but we

also want to spark a revolution in cancer care for the future. So, we are thinking about the needs of people today, but also how do we really change some of those fundamental issues in the system to make it better for the future. And I think it is ambitious, and people have said to me they really get why we're doing this, but this is a kind of a bold move for Macmillan. But you know, I think it's needed because we saw what inequity there was, what variation there was within people's experiences and outcomes that it was time to sort of, you know, identify that that was where we needed to really address our work. And we developed four main core objectives based on the fact that we want to reach more people and thinking about the fact we already had some flagship services.

We're very well known for our Macmillan professionals. We knew that we wanted to be in more places. We knew we wanted to help people who were having the worst experiences. But we want to do that with others. We can't do that all on our own. So, we wanted to think about how we could work with others to tackle the root causes of issues that people with cancer are facing now so that we can improve cancer care for everyone everywhere. And we came up with four strategic objectives to help us achieve that. They are to reach everyone, to reduce health inequity in cancer care and treatment, to reduce variation in cancer care and treatment, and to support people with cancer and other long-term conditions.

**Carly (16:33)**

I'm sure everyone listening will agree how important those four are. could you say a little bit more, Claire, about why each of those were chosen?

**Claire Taylor (16:44)**

If I start with everyone, I think we knew that we were reaching a large number of people already through the services that we already offer. But the number of people with cancer is growing. as I said, with three and a half million people last year as a charity, we reached 2.3 million. So, we really do want to reach out to everybody. we believe we've got some really fantastic services that we can support people with. And we want everybody to benefit from that. But in particular, we really do want to help those who perhaps need us the most because we believe that if we can help those who have the greatest need, then that will lift up the level of care for everybody else. And so, we are thinking particularly about the people who are perhaps having the worst experiences where we can make a specific focus. And those are people who are living in the 20 % most deprived areas of the UK. They are people who are from ethnically diverse communities. We have people who are LGBTQI +, and also those who are disabled. So, we're thinking about how we can reach everybody but also deliver more bespoke services to people who, targeted services to people who have those particular needs where we know that the outcomes may be worse and we have data to show that.

**Carly (17:50)**

Mm.

Samina, I'm interested to know with those four objectives, thinking about from your perspective and your experience, how do you feel these objectives reflect essentially the realities and the needs of people living with cancer today?

**Samina Hussain (18:19)**

Yeah, no, 100%. I think the focus around to reach everyone. mean, it's a massive aspiration. But I know as a collective, we can do that. Because it's not just about Macmillan and the green. It's about working in partnership with charities, organisations, communities, your business sector. So, I do truly believe that that aspiration will get met the key thing is health inequalities. Again, Claire's touched on how ethnic minority communities have worse outcomes and there are variations from the north to the south, the impact of economic development, poverty, people's lifestyles, diet and being from that South Asian background and being minority living in the west, I too experienced some of those difficulties and challenges, predominantly also around the taboos and the community and the silencing of talking about cancer, breast cancer because it's you know, a private part of the body and I actually thought when I was going through chemo and I was the only brown woman in chemo that Asian women didn't get breast cancer because there was no campaigns, the conversation wasn't normalised and I think the fact that, you know, Macmillan have made this commitment to reach everyone, I feel I'm a part of that everyone. They're talking to me and talking to all of the people that I work on behalf of or connect with and I think that's a really powerful statement. And then the other one that really stands out to me is often with cancer care treatment when you've gone through the cycle and you've had your chemotherapy and radiotherapy and then you're on active treatment for tumoxacan or whatever, you sort of face a real cliff edge and you're left. And I think this commitment to long-term conditions and understanding the impact of other medical long-term conditions that individuals may have pre-existing or have exasperated or become more complex does mean that Macmillan are not shutting the door on you. They are there to support you through their journey. And there was one thing I always said during cancer was it's about people walking alongside you and, you know,

Again, lots of people turned up and showed up for me through different mechanisms of childhood friends. And I feel like this strategy is actually now saying we will walk alongside individuals, families, loved ones, carers, because it takes a whole community to get someone through their treatment. It did for me because I couldn't have done it alone. It wasn't just my family impacted. was extended family, community, local mosque, everybody that saw me rocking it bold. So, I feel that the strategy wording has been really powerful in people finding their place in that journey.

**Carly (21:15)**

Talking about walking alongside you, I think that's really nice. Thank you for sharing and that really helps me to visualise how you perceive the strategy as an individual and the difference that it could make to you, to people who are going through cancer. So, thank you so much, so much for sharing. And you sort of answered the question I was going



to ask about which one, which we know that all the objectives are equally as important and they're all very distinct but there are also lots of kind of interconnectedness between them and I was gonna ask you which one do you feel that kind of speaks to you the most.

**Samina Hussain (21:54)**

Health inequality is in the long-term conditions, but I think the fact that if we can understand the health inequalities faced by communities. And when I say understand, it's that lived experience, but it's also the data, the scoping, the understanding of impact. Why would two neighbours have very different experiences and not profiling?

It was a very lonely journey for me; I was very isolated. I mean, since my launching the charity, I've been able to put interventions in place to reduce loneliness and isolation around ensuring that you see somebody like yourself that you can relate to.

**Carly (22:33)**

Yeah, absolutely, representation is so important. Claire, picking up on the health inequities objective, I was interested to understand a bit more around what are some, I know that you've mentioned some of them already, Samina, but what are some of the current challenges or actually what's happening at the moment that this objective of reducing health inequities is trying to address?

**Claire Taylor (23:01)**

Yes, well what we're seeing is for instance in some of those communities like somebody who's disabled or maybe somebody who's from an ethnic diverse community, they're more likely to have a worse experience in care. So it might be that they're coming into an emergency setting more frequently, it might be that they're waiting longer for their treatment, it might be that they're diagnosed later. For instance, a black man with prostate cancer is more likely to get later than a white person. Now, are these inequities in the system because of who people are that just aren't acceptable. And we need to see some ways to improve those experiences for people. And I think our starting point is thinking about the data and the research that can help highlight and start then to address those inequities. We're thinking about how we can improve the accessibility of our services so that those people who might need them can reach them because there's definitely been some difficulties for people in accessing the right services. What are the barriers and how can we overcome them? And then I think another important thing is making the health service accountable for tackling those inequalities and inequities. So, by having data, I think you put yourself in a strong position to call that out. But we have to do that with the voices of those who are experiencing them. That's why we need to work together with our communities to help show that up because I find that is really powerful. It might be that we can say that this is what our evidence is showing, this is what the national data is showing us, but if you hear from say Samina's experiences you really start to see the reality of what that means for people with cancer.

**Carly (24:43)**

Yeah, absolutely. And you just mentioned about improving accessibility of our service. Are you able to share any pieces of work or any thinking, and you've kind of touched on this a little bit already, that we're doing in Macmillan or that's already underway in this area, in this health and equity space?

**Claire Taylor (25:03)**

Yes, I mean we have already been working in this space. We've had the Cancer Champions project running. We've also been working with specific communities.

In Sunderland we've been working with the Bangladesh International Centre and the community there to raise awareness of the services that are available in their area, enable them to access the right care. That's just one example. Another that I thought was really interesting in Southeast London that we've launched which is called the Beauty of Support Project. So that was based on the recognition that quite a lot of women from black and Afro-Caribbean communities maybe particularly I think women maybe a Less knowledgeable about breast cancer or perhaps have some fears about presenting if they feel that they they may have breast cancer and so the idea was that people often do talk to their hairdressers and You know, they're quite often become quite trusted part of your network So if he could teach the hairdressers a little bit more about breast cancer and give them support to start having those conversations then that might encourage conversations with the ladies from their communities to perhaps go and seek help if they are worried. Do they know to examine themselves? Do they know what to be looking out for? And so that's all arisen from focus groups we've had in that community to say that these women are perhaps finding there are barriers to accessing the services and perhaps could be informed more about signs and symptoms of cancer.

**Carly (26:30)**

Yeah, absolutely. And is there anything, Samina, that you wanted to add, perhaps picking up on the barriers and challenges that maybe you've seen through the work that you do or even through the communities that you're in that you'd like to add?

**Samina Hussain (26:45)**

Yeah, I think the point Claire made around make diagnosis, often South Asian women will tell me that they had to present to their GP on a number of occasions to get taken seriously to be referred. So, their voices are not heard or validated of what symptoms they may be presenting. They're not often sent away to say, leave it.

What has happened is that they've had late diagnosis. For some it's been worst outcomes, for others, sadly we've lost people in the community due to a late diagnosis. And I think for me, the culturally appropriate supper club, is my roti club, it removes those barriers around isolation and improves confidence. Basically, we just bring women, healthcare professionals and carers once a month together to have a culturally

appropriate supper club. And what that enables is to extend our kitchen table, allow women to actually know that their voice matters and share their stories. We'll have themes like this month we talked about signs and symptoms of skin cancer on South Asians brown skin so that people are more informed.

I think, you know, the whole thing for me was when I sat in the chair and my GP said to me, when was the last time you checked your breast Mrs Hussain and saying, I couldn't answer the question. I've lived and worked in the UK all my life, was born here. English is my first language, but I never, ever self-examined my breast. And I think that was a stark reality barrier, a real difficulty for me to understand how did I not or how was that never communicated to me. And since my journey and setting up a charity, we do workshops in schools and in communities in mosques. We do a one-hour workshop on signs and symptoms of breast cancer, use my lived experience, preventative measures, share a bit of data around 55,000 women being diagnosed. But it's not just about educating the female population. It's taking the male population alongside us. So, the husbands, the fathers, the sons, because they too are going to be championing somebody very close to them. And it's also being aware that people will need to give that trigger warning. People will have their own experiences of mothers and grandmothers. So, I feel that the biggest inequality has been as a community. It's that normalizing of conversations.

People are actually saying to you that it's okay. It's a bit like, you know, you've got to have good mental health, and you've got to have good women's health in terms of understanding your body and what's normal for you. Know you're normal. And we use that hashtag. And it's good to talk. And there two things that stood out that as the community wasn't happening.

Hence why there were inequalities, late diagnosis, isolation, depression, poor mental health through the impact of a cancer diagnosis.

### **Carly (29:47)**

And what brilliant ways to get people to talk through supper clubs, through, as you said, Claire, going to the hairdressers, things that culturally fit with what people are doing and to encourage them to talk about those potentially difficult but important things through those ways. What brilliant work that you've been doing, Samina. I want to say that too.

### **Samina Hussain (30:09)**

I know it is, and I think like Claire said it's being conventional in understanding what is it that serves communities. And I know for me from a child, roti was supper. My mother would call out and it could be fish and chips; it could be anything. But that's where we had all our meaningful conversations at the table. So, when Michelle Obama talks about in her book around extend your kitchen table, you keep the invitation open, and you keep bringing people in. And I've just seen women's confidence rise. They feel they can share their voices and make a difference. And I think that's what brings me joy is seeing

the power of what something like I said these small tweaks that we've innovations that can actually make the greatest difference and who would have thought sitting in a hairdresser's or sitting in the chair getting your hair done but somebody actually saying when was the last time you checked your breasts because I really wish somebody had asked me and I may have not ended up with a diagnosis at the age of 45 if I'd been checking.

I was never checking.

### **Claire Taylor (31:15)**

I guess we can address that in other ways because we need to think, well, why are those from ethnically diverse backgrounds, certainly with certain cancers waiting longer to be diagnosed, you know, let's get to the root cause of that and how we might address that from a healthcare professional perspective, you know, are the barriers in terms of the information that they're receiving, is there something about the consultation or the advice they're given from a healthcare professional that puts them off to support them through that journey to get them to a more timely diagnosis. So, one of our plans within our strategic objective in terms of reducing health inequity is to develop a cultural competency program that will give more sort sensitivity and curiosity to the workforce to really think about what the needs are of people who are coming from ethnically diverse backgrounds. We do at the moment offer a sort of entry-level cultural competency program on our learning hub for healthcare professionals but we're aware there are a number of other providers who we may want to partner with in the future to really offer something very meaningful and experiential to people to enhance their ability to work with people from different communities.

### **Advert (32:29)**

Before we hear more from Claire and Samina, let's hear from Helen to tell us about some upcoming webinars.

### **Helen Davies (32:35)**

Are you ready to be inspired? This August and September sees the continuation of a special four-part webinar series from Macmillan Cancer Support, celebrating some of the remarkable winners and finalists of the 2024 Macmillan Excellence Awards. Each episode shines a light on the people and projects making a real difference in the lives of people living with cancer.

You'll hear first hand from Macmillan professionals and teams across the UK sharing their stories, innovations and what the recognition of the awards means to them. Our August webinars are sponsored by Abbott. To sign up to the webinars, see the episode description. If you missed them live, you can watch the recording back on the Learning Hub.

### **Carly (33:23)**

And whilst you're on the learning hub, don't forget about our other free education and training resources to support you in your role.

**Claire Taylor (33:33)**

I was just thinking about, I don't know if everybody's aware that in terms of our Macmillan information we do offer our standard information in 16 different languages and was just thinking, know, information is often a really good starting point for people in terms of raising their awareness and understanding and so I think I'm really proud of the fact we have such trusted, incredible information at Macmillan in terms of our booklets but we also have the audio books, have our information available in Braille, in British sign language, in easy read material and in large print. So, if there are people who are struggling with the sort of standard information, think you know come to Macmillan and find information that might serve your needs better. If we don't have it in that in one of your languages, we can get things translated into up to 200 other languages. So, it's just one of the ways in which hopefully we'll be able to reach out to more people and address some of those the differences that people might be experiencing.

**Liv (34:28)**

We've spoken about how collaborative development of the strategy has been and how many people have been and spoken about the objectives and how exciting and important they are. We do know that this isn't something Macmillan can achieve by ourselves, working by ourselves on it. What role do professionals, and the wider workforce play in bringing the strategy to life and how are Macmillan working with professionals and partners to deliver on these objectives.

**Claire Taylor (34:54)**

Yes, you're absolutely right. We need to work together, and we recognise there's a number of catalysts for change and workforce we see as one of those because We've heard from the workforce that these are issues that really matter to people living with and beyond cancer. So, you know, it's their feedback that's helped to shape this strategy, but we want to continue to listen and work with our healthcare professionals to make this the reality, to make this happen. And for those people who are out there, you know, on the ground every day supporting people with cancer, they know the realities of that, and they can work with us to, I think, to start making those changes. So, I think calling out unacceptable variations saying you know this needs to change, recognising I suppose the agency that they have themselves to make some changes at a local level. We have a network of engagement and innovation leads and managers across Macmillan and they are working with our Macmillan professionals at the moment we have 10 and a half thousand Macmillan professionals we're hoping to grow that to 11,000 by the end of the year.

But we're also developing a wider membership offer, so we will be working with a number of other health professionals in the future, people who working in GP practises,

in the community, maybe social prescribers and navigators, alongside all those who work in Boots as Macmillan information pharmacists and beauty advisors. So, we'll have a really large network of people that can help us to change the system.

**Carly (36:23)**

Yeah.

**Claire Taylor (36:25)**

We have to get back to thinking about how we can really challenge the system to make these changes. I see the people on the ground working with people every day see those problems and they are in a position to make change. Sometimes it's just a small little project and we can help with that, but we want to hear from you, we want your ideas. If you've done something that's made a difference, if you've made a small-scale innovation, tell us about it.

Or it might be you want to engage with our team to share that. Or it might be that you think that we need to play a bigger role at a national level in advocating for those changes. So, there's a number of different ways in which health care professionals can get involved.

**Liv (37:08)**

that's really exciting. And what changes or opportunities might professionals see as a result of the new strategy? So, for example, if I was a cancer support worker, what difference would this make to my role and what might I see or be doing differently?

**Claire Taylor (37:22)**

Well, I guess it's going to take a bit of time for you to see all of those changes come together because we've got those four strategic objectives and the one where you perhaps see the most change early on will be reach everyone because we've been working really hard to optimise the services that we have through our website, for instance, making it much easier to navigate through to the services that we have, directing people to our online communities. They've been really, really popular, encouraging people to come through to our Macmillan support line, so making that easier for people with cancer. And I don't know if people are aware, we've got 250 people working on our support line. Every day of the year there's somebody there for you, eight to late. So just making those sorts of services a lot easier.

**Carly (37:57)**

Mm.

**Claire Taylor (38:07)**

so hopefully you're going to start hearing about some of the really interesting innovations that we're doing and to give you an example of that we decided that we would trial a direct patient grant in Middlesbrough and we launched that the 1st of May

and it's going really well and what we're offering patients besides the emergency funding that they might need is access to all those other services sort of signposting them through to other support that they may need. So, we'll be evaluating that at the end of the year and then seeing whether that's something that we want to spread out to other people who need it. But we've got a number of different ideas that we're currently testing up at the moment to see whether that might be something that could be scaled up in the future. So yeah, watch this space, there's a lot happening at the moment.

**Carly (38:53)**

Wow, lots happening. Thank you. Samina I just wanted to come back to you. It sparked something in me when Claire was talking about some of the ways that people could get involved and help to bring the strategy to life going forward. And I'm interested to know if at all, how involved are you at the moment or going forward? because obviously you did a lot of work in developing the strategy and now it's kind of here, what's your involvement looking like at the moment or going forward?

**Samina Hussain (39:21)**

Okay,

yeah, I mean, I think the involvement is we've had a small grant, and we hope to work more closely with more community, and I think the focus has become much more community focused. So, I think that will be a big involvement for us. Partnership Network that was launched by Macmillan, which I came along with a key member and presented.

I think also some of the work we've done around, I've been involved in trialling, reviewing, comms mechanisms and just giving my thoughts around, you know, should we develop WhatsApps, it's just that proof of concept testing. So, it's a steady, I don't want to use the word trickle, but it's a steady process of different things that now people will engage and approach me. Last week we had the cancer plan two weeks ago the end of May where we all came together with partners and community and again I was given an opportunity to just talk about how important it is for community groups to share their lived experience and bring to the table so that we can inform the NHS England's cancer plan in a way that works for us. So again I think you've really crystallised and mobilised the value of lived experience and I don't think any other charity or agency has done that in a way that has given its importance and I feel that maybe in this Sphere with Macmillan but other charities, Breast Cancer Now, other groups and communities are following the lead and also inviting and saying look would you come and share your experience. think the greatest thing that I've been able to do is really give back and share my experience of being a strategy advisor but also picking up on any of the now work streams that are coming out and how I can be more actively involved and if it's not me who else can I suggest or put forward and there's been a there's a project actually around personalised care and the personalised gender and

again I was approached and I'm co-chair now and that will, sort of that programme that's funded by Macmillan will now start to unfold so I think what the opportunity has done has enabled South Asian community or communities that are seldom heard to have a voice and it's enabled me to connect in with lots of different platforms and podcasts and reviewing processes and stakeholders. So yeah, very, very powerful, think you're definitely leading the way in getting other charities to think about how do we do the engagement work because that's the hardest bit I would say is understanding engagement and participation and not making it a token gesture.

**Carly (42:16)**

Yeah, absolutely. Thank you.

Claire, you mentioned about just thinking about looking ahead, you talked a bit about how people can get involved, stay in the conversation and the things that we can all do. If listeners want to learn more or perhaps stay up to date in all things strategy and what's new with the new Macmillan strategy, where can they start?

**Claire Taylor (42:42)**

Well we've got a page on the website that gives you the main content of the strategy and hopefully you'll see through our communication, so we run our Mac mail, we feed into the UKONS letter, we kind of keep updated through many of the education events that we run, so we run regional webinars and other events locally, if you're a Macmillan professional already, where we'll try to keep you updated. We ran a large webinar for our professionals in April. I think we're planning to do something to give an update later this year. But I think probably the website or reaching out to, if you are a Macmillan professional, your local engagement and improvement lead would be ways to find out more. We are thinking about ways that we can sort of continue to keep it really active because we want this to be a live strategy, it's not just something that's being developed, you know, we need to keep hearing from our professionals, from lived experience, from our communities and continue to tweak and evolve that strategy based within those main strategic objectives but to make sure we really get it right we need to keep it live and continue to evolve. So yeah, we hope that we continue to communicate our strategy as we go and it's really important that people feel that they can connect with that.

**Carly (43:50)**

Yeah.

**Carly (44:00)**

Claire, this strategy is designed to be for five years until 2030 what is that one key hope that you each have for what impact this strategy will have over those, over that years and beyond.

**Samina Hussain (44:14)**



I think one thing I think this strategy will definitely deliver is that longevity of empowering communities to find their voice and to navigate cancer confidently and know that the access, the support, the mechanisms as a collective is there for them, regardless of postcode ethnicity or profiling of their characteristics everyone matters. I definitely feel that everyone is important, and everyone matters and that's going to be the legacy of this change. The shelf life of the strategy is five years, but the work will continue because we're going to set the direction for everyone to know that their voice matters.

**Claire Taylor (45:02)**

Yes, well I think that we really can spark a revolution for the future here. I we haven't talked much about the other strategic objectives in terms of reducing variations, supporting people with cancer and long-term condition. But I think when we put all those together, I really do believe that that is going to help tackle people who really need us the most, people who are having the worst experiences and outcomes at the moment. So I really do believe that by getting to root causes for some of the systemic issues that there are, by using some of the catalysts for changes we've identified and we've talked about today, like our partnership through research and evidence, through our communities, through our workforce. These are really important ways in which we can make this change. I really do believe that we will start to see the needs of those who are having the worst outcomes lift up, but that everybody can get better support today and for the future.

**Liv (45:53)**

Thank you. So that brings us on to our three questions feature. So on every episode, we ask our guests three questions to close, So our first question is, if you could go back in time to the start of the strategy development process, Samina, in your role as an advisor, what piece of advice would you give yourself?

**Samina Hussain (46:13)**

Every question is valid, there's never a silly question because actually, yeah, not to be afraid and know that, you know, this space is for you, not just for you, but on behalf of every other woman that looks like you. So yeah.

**Liv (46:32)**

and Claire, what about you?

**Claire Taylor (46:34)**

I guess to stay bold. think we were being challenged by our leadership team to be ambitious but just to really vision out what you want the best care to look like for the future and to keep that in mind all the way through because sometimes if you're challenged when you're doing something that might feel a bit different to some people you begin to wonder well you know is this achievable but actually yeah you know we

have a history of being able to do that and I do believe that we can but just always keeping that that Future vision in mind.

**Liv (47:04)**

Absolutely, that's so important. So, our second question is, what change as a result of the new strategy would you like to see to improve the lives of people living with cancer? And Samina, I'll start with you.

**Samina Hussain (47:15)**

I think for me, the change I want to see is more participant engagement within communities, breaking down those silos and hierarchical ways of engagement. I want to empower communities to also, you know, step up and do things. I think the investment to charities has got to be key. That's got to come out of this in supporting charities and community groups to have a voice, but providing some financial investment or investment in capacity building their skill set to a difference so that everyone is working on this collective as an equal partner.

**Liv (47:51)**

And Claire, what would you like to see to improve the lives of people living with cancer?

**Claire Taylor (47:56)**

I'd like to think that everybody got the very best experience of care. That we know from our English National Patient Experience Survey is an example that there are differences depending on who you are and where you live. And I'd like to see that change, that everybody gets a good experience of care. As we've heard from Samina it's a very traumatic experience being diagnosed with cancer. And at least we have that benchmark there to guide us and we'll be using that in our strategy to see the changes that we're making showing up in the experience survey, are we beginning to see improvements in that overall experience of care? Because it really does make such a difference. If you feel well supported, well informed, if you get the right care at the right time, in the right place, it can transform your cancer experience. And I'd like everybody to have that opportunity.

**Liv (48:43)**

Brilliant. And finally, what would you like listeners to take away from this episode? Samina.

**Samina Hussain (48:48)**

Change is happening, be a part of the change. Use your voice because I think this is, you know, we've touched on the word revolutionary. It's innovative and we are working together to make a difference. It's not a them and us, it is a collective and I think, you

know, that's the direction. So definitely change is happening of how we access services and how we shape services for the future.

**Liv (49:13)**

really beautifully said, that's really powerful. And Claire.

**Claire Taylor (49:17)**

Very similar, I was just thinking let's be part of this movement together, let's work together, we want to hear from you, we want to listen to you. Together we can do whatever it takes to make a difference for people with cancer.

**Carly (49:28)**

lovely. Well, thank you so much, Samina and Claire, for joining us today. And thank you for sharing and being so open with your experiences and sharing your insights and your expertise and actually your passion, which for both of you just shines through in abundance. I think it really is helping and will help us all to understand more about Macmillan's new strategy and the journey ahead. And as we've talked about throughout the podcast, there are lots of ways that people can get involved. And as you both just said, being part of the change and being part of this movement and getting involved. whether the people listening, whether you're a Macmillan professional, whether you're part of a health and social care wider workforce, Whether you're just simply interested in this work, please do be a part of the change and join this journey and be part of the conversation. So, Samina and Claire, thank you for joining the Cancer Professionals Podcast.

**Samina Hussain (50:31)**

Thank much for having me.

**Claire Taylor (50:31)**

Thank you very much.

**Liv (50:35)**

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**Carly (50:52)**

If you enjoyed this episode, follow us so you don't miss our next conversation where we'll be joined by Naomi Clatworthy, an acute oncology nurse consultant, and Peter Cook, who will generously share his personal experience of an oncological emergency known as Tripple M

**Liv (51:09)**

We'd love you to rate our show and share with your colleagues. Get in touch with us by emailing [professionalspodcast at mcmillan.org.uk](mailto:professionalspodcast@mcmillan.org.uk) or by filling in our short survey linked in the episode description. New episodes are released on the first Wednesday of each month. I'm Liv.

**Carly (51:24)**

And I'm Carly and you have been listening to the Cancer Professionals podcast by Macmillan Cancer Support.