

Economic Impact Case Study: Salford Cancer Information and Support Centre

How a hospital-based Cancer Information and Support Service led to over £30,000 revenue generation - with every £1 spent on the service generating £1.57 of benefits for clients - and has significantly improved outcomes for people affected by cancer.

Service summary

Established in 2002 with 'Big Lottery' funding and adopted by Macmillan in 2008, the Cancer Information and Support Centre (CISC) in Salford is a hospital-based service jointly funded by Salford Royal NHS Foundation Trust and Salford PCT and linked to a network of statutory, voluntary and community organisations as well as the Greater Manchester Cancer Network (GMCN). The CISC works across the local community, in partnership with other members of the GMCN to provide those affected by cancer with the financial, emotional and practical support they need.

Impact summary

In the year 2008-2009, the service reported having:

- been in contact with approximately 4000 people, including both visitors to the Centre and those involved in community outreach work;
- provided advice to over 500 people making enquiries about the financial implications of living with cancer, which also led to the CISC accessing over £30K from Macmillan grants, and over £2K in grants from other charities for people affected by cancer;
- referred 20 clients to The Willow Foundation, a charity that provides holidays and special days to people aged between 16 and 40 years old, who are seriously ill;
- developed partnerships with Salford City Reds Foundation – the charitable arm of the local rugby club – and Salford Community Health, to deliver healthy living and cancer awareness campaigns.
- Generated £1.57 of benefits to clients for every £1 spent.

1) Background to the research

This case study is part of a wider programme of economic evaluation of Macmillan-funded services which will report in full in June 2011. An overarching report to be produced at a later date will set out, amongst other information, the aims and objectives of the overall economic evaluation; the methodology and rationale; key assumptions and caveats; and comparative analyses across services and also with relevant findings reported in the wider evidence base. The full implications of the findings reported in this case study will only be clear when the evaluation has reported in full, as there are a number of ongoing evaluation activities that will supplement the material included here or enhance the interpretation of the findings.

2) The Service

Aims

The service aims to ensure 'that all the communities of Salford have access to good quality, comprehensive and appropriate information and support at all stages of their cancer journey'.¹

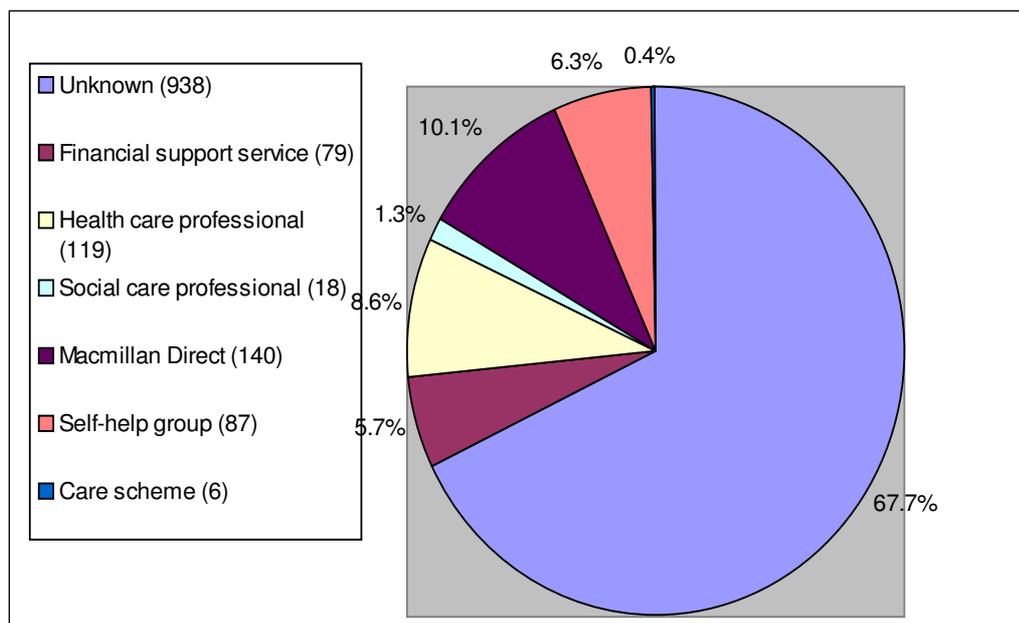
Staffing

The service is staffed by a full-time Cancer Information and Support Manager, a part-time Information and Support Worker (0.5 FTE) and three part-time volunteers.

Delivery volume

The referral routes and volume are illustrated in Figure 1 below.

Figure 1: Salford Cancer Information and Support Service referral volume, by category



Services offered and Intended outcomes

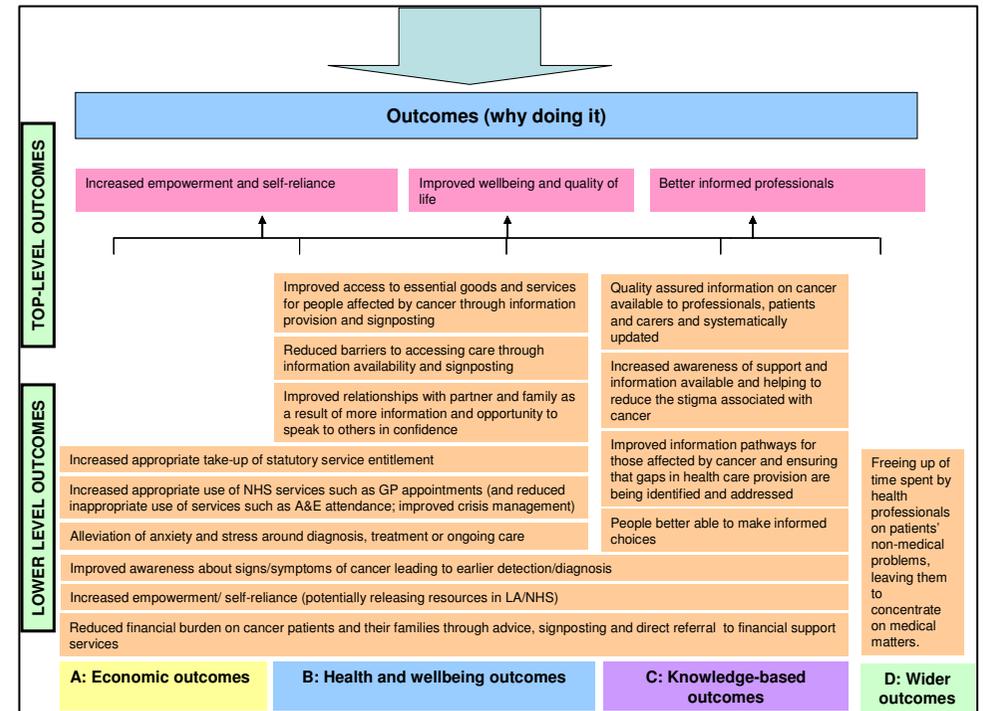
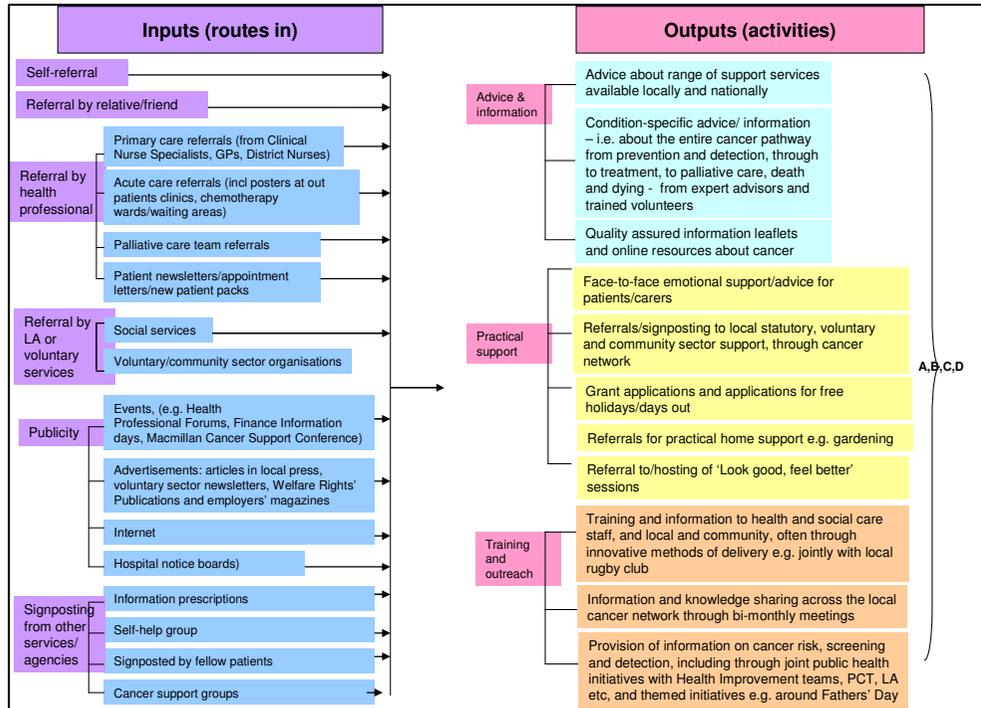
The services (outputs and activities) provided by the CISS and their intended outcomes are mapped out in Figure 2 below.

Methods of delivery

The CISC delivers support to clients

- face-to-face from the unit within Salford Royal NHS Foundation Trust, and in the community through a range of targeted or themed initiatives;
- over the telephone and online.

Figure 2: Pathway to outcomes for Salford General Hospital's Cancer Information and Support Service



3) Impact Evidence

Locally gathered data from service users and the fieldwork informing this case study illustrated that the CISC delivers a range of outcomes for those that use it. These reflect the outcomes set on in Fig 2b on the previous page, with illustrative evidence from 2008-09 data provided.

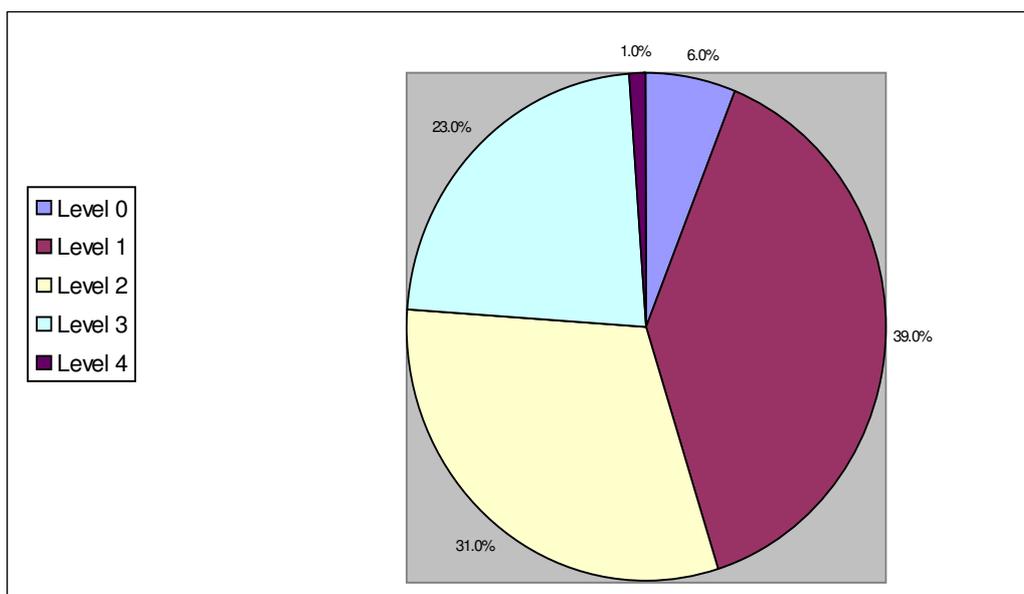
1. Economic outcomes & health and wellbeing outcomes

All the economic outcomes provided by the CISC were identified as having benefits to CISC users in terms of health and wellbeing too.

- **‘Reducing the financial burden of cancer’** – The service not only provides advice and guidance about how people affected by cancer can organise their finances (e.g. in respect of Critical Illness Cover/Life Insurance, managing their mortgage repayments etc.) but can also assist in, or undertake form-filling for benefits applications and/or signpost to specialist financial support services (e.g. the Macmillan Financial Support Service within the Citizen’s Advice Bureau, CAB, or the CAB itself). Indeed of the 1586 enquiries made to the CISC where the nature of the enquiry was recorded, the largest single proportion (26%, n=412) related to the financial implications of living with the condition: as a result the CISC now hosts a weekly CAB Benefits Clinic.
- **‘Increased empowerment/ self-reliance’ and ‘Alleviation of anxiety and stress around diagnosis, treatment and ongoing care’**. The CISC collects statistics on the type of support with which people accessing the service have been provided as follows:
 - **‘Level 0’** - self-service information only e.g. someone helping themselves to a leaflet
 - **‘Level 1’** - basic information and support provided by a member of the CISC staff
 - **‘Level 2’** - more in-depth support provided, most likely with an emotional support element in addition to any information provision
 - **‘Level 3’** - in-depth, complex emotional support and information provision, perhaps with signposting or referral to other sources of help
 - **‘Level 4’** - high intensity emotional support, supported by referral to a specialist.

Figure 3 below provides a breakdown of the level of support provided.

Figure 3: Level of support provided by CISC in 2008-09.



- **‘Increased appropriate take-up of statutory service entitlement and Increased appropriate use of NHS services’** – The qualitative evidence also suggests that people are supported to access the statutory services to which they are entitled.
- **‘Improved awareness about signs/ symptoms of cancer leading to earlier detection/ diagnosis’** - CISC staff have been working hard to ‘promote healthy living and cancer awareness in areas of deprivation’.² This has resulted in local screening partnership in respect of bowel cancer (involving: Bowel Cancer UK, Salford’s screening team and City West Housing) as well as partnerships with Salford Community Health to ensure that the issue of cancer screening and awareness is on the wider public health agenda in the locality

2. Knowledge-based outcomes

- **Reduced stigma**
- **Improved information pathways**

3. Wider outcomes

- **Freeing up time spent by health professionals** –This is achieved either through more efficient information pathways or through a reduction in inappropriate service use.

4) Economic Evidence and Cost Calculations

Table 2, in appendix I, provides indicative figures for the monetisable costs and benefits of providing the service, based on 2009-10 data. This does not include the non-monetisable, categorical benefits summarised in the previous section ‘Impact Evidence’ and in more detail in ‘Evidence to Support Quality and Productivity Effects’ below.

1. Summated costs and benefits

Monetising costs and benefits at the highest-level shows that the:

- service costs **in total, £50,000 per annum**, on average
- service raised grants and charity funding in 2008-09 equating to **£30,571.09**.
- **service secured non-cash benefits to users, equating to approximately £47,862**

2. Effectiveness ratio

Analysing data at the activity level, we are able to make an approximated assessment of service cost effectiveness. Both obtaining financial support and providing wellbeing-related services such as the ‘Willow Foundation’ special days and holidays, and the LGFB days, are likely to have a positive impact on clients across a range of the ‘lower-level outcomes’ illustrated in Figure 2b. These activities also provide us with monetisable ‘benefit’ data. The cost data included in Table 1 provides a ‘snapshot’ of service costs and benefits in relation to these quantifiable data, however, there are a wide range of categorical benefits that cannot be quantified and included here, but which are immensely valuable. These are discussed in the ‘Impact Evidence’ section above, and in ‘Evidence to Support Quality and Productivity Effects’ below.

Table 1: CISC cost effectiveness breakdown

Activities	Total value	Number of beneficiaries	Total cost service	Cost-effectiveness ratio <i>= total value/total cost of service</i>
Grants, awards, LGFB & special days/holidays	£78,433.09	300 approximately	£50,000	1.57

3. Possible return on investment for improved financial wellbeing

Applying a ROI calculation to the high-level data (total service costs, including set-up) and total revenue generated, we see that **every £1 spent generates £1.57** of benefits for clients.³

4. Potential costs incurred in the absence of the service

There is a paucity of hard data on what a typical pathway might look like in the absence of such a service. The evidence suggests, however, that prior to a service like this being in place, people may have 'fallen through the gaps'. Additionally, there is evidence that organisational and professional boundaries between staff in health and social care can slow down decision making and acquisition of wider health and social care services.⁴

There is more evidence of unclaimed welfare services as a cost incurred in the absence of information support services. A 2004 study commissioned by Macmillan – 'The Unclaimed Millions' – estimated that £126.5 million in Disability Living and Attendance Allowance alone goes unclaimed by terminally ill patients.⁵ The Macmillan report goes on to say that this means that 55% of people dying from cancer in England do not claim these benefits. These benefits could be significant: a literature review by Adams *et al* found that, for welfare rights services delivered in a healthcare setting, there was a mean financial gain of £1036 per client in the year following advice being given.⁶ Research into barriers to claiming financial support experienced by people with enduring ill-health has identified the importance of having access to such advice; specialist expertise to help people navigate the welfare system.⁷

5) Evidence to Support Quality and Productivity Effects

Evaluations of cancer information and support services, and comparable organisations has demonstrated that these services do indeed have a positive impact on a range of dimensions, again using outcomes set out in Fig.2b. For example:

- **Wider social return on investment:** Welfare rights and financial advice, such as that which is available through and via cancer information and support services can enable patients and survivors either to claim their entitlement or to return to work⁸. This, in turn potentially benefits the wider community through the increased income and spending power of those individuals.⁹
- **Knowledge-based outcomes:** The ability of CISS to provide information in a variety of ways can also be beneficial in improving patient understanding: 'patients value several different methods of acquiring information. These methods result in improved recall, understanding, and satisfaction.'¹⁰
- **Emotional wellbeing outcomes:** One study noted the importance of telephone information services and support groups in providing emotional support through 'a personal interaction, distinct from the doctor–patient relationship.'¹¹
- **Reduced wider healthcare costs:** Providing information that leads to psychological support helps to reduce wider healthcare costs associated with the extra health care requirements of those who experience distress and anxiety as a result of cancer.¹² Psychosocial support for people affected by cancer primarily reduces costs arising out of visits to GPs and specialist.¹³ There is further evidence that better quality information to support patients in the community can help to reduce demand for acute services.¹⁴
- **Health/wellbeing gains:** There is evidence to suggest that providing people with support and advice particularly when they have other confounding difficulties such as ill-health, can lead to improvements in mental and/or physical wellbeing. These positive impacts are evident, most notably in respect of self-reported anxiety and depression, as well as quality of life.¹⁵ Information and support services can also facilitate patient participation in decisions about their care which is linked to better psychological adjustment and better health outcomes across a range of measures.¹⁶

6) Conclusions

The stress and anxiety caused by the financial implications of living with cancer can have a negative impact 'almost worse than the disease itself.'¹⁷ Poor access to information and support can create a range of need for those affected by cancer comprising:

- Support with managing finances and accessing welfare
- Information about their condition, treatment and side effects
- Access to wider healthcare services and provision of counselling

Services such as Salford's Macmillan CISC, therefore, are invaluable. While the quantitative data are limited to the financial support received and average financial value of other services provided, these alone demonstrates that the service results in a net financial gain. Qualitative data from case studies serve to emphasise the supplementary gains in respect of empowerment, promotion of independence, health and wellbeing, and quality of life.

References

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- ² Macmillan Cancer Information and Support Centre (2009) *Annual Report 2008-2009* Salford: Salford NHS, p4
- ³ ROI = total revenue raised/ total costs for one year including set-up
- ⁴ Donaghy, E and Hubbard, G (2007) *Evaluation Of Renfrew Macmillan Cancer Information And Support Service (CISS)* University of Stirling p46
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- ⁶ Adams, J., White, M., Moffatt, S., Howel, D. and Mackintosh, J. (2006) A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings *BMC Public Health*. 29 (6): 81
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- ¹⁰ Jefford, and Tattersall, M H N (2002) *Informing and involving cancer patients in their own care* *Lancet Oncology* 2002; 3: p631
- ¹¹ Jefford, and Tattersall, M H N (2002) *Informing and involving cancer patients in their own care* *Lancet Oncology* 2002; 3: p631
- ¹² Thorne, Sally E; Bultz, Barry D; Baile, Walter F (2005) *Is there a cost to poor communication in cancer care? A critical review of the literature* *Psycho-oncology* Vol. 14 (10) pp.878
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- ¹⁵ Jones, K. (2009) *Outcomes of a Longitudinal Study of Citizens Advice Service Clients in Wales* Bangor University & Citizens Advice Cymru
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- ¹⁷ Soothill *et al.*, 2001, p602 cited in: Moffat, S., Noble, E. & Exley, C. (2010) "Done more for me in a fortnight than anybody done in all me life". How welfare rights advice can help people with cancer. *BMC Health Services Research*, 10:259 [online] Available at: <http://www.biomedcentral.com/1472-6963/10/259> [Accessed: 22.09.10]

Appendix I: Cost Calculations

Table 2: Available cost and benefit data for Salford CISC 2008-09¹⁷

Cost/benefit type	Measure/s	Costs	Total
Direct costs – set-up			
1. Set-up costs incurred by Macmillan	Staff time: wte x salary (inclusive of on-costs)	<ul style="list-style-type: none"> Cost neutral to the PCT: Macmillan 'adopted' CISC from existing service 	£0
Direct costs - recurrent			
2. Service budget	Total cost, including staff salary (equivalent of	<ul style="list-style-type: none"> Total cost, incorporating: <ul style="list-style-type: none"> - 1wte @ band 7 - 0.5wte @ band 4 	Total PCT contribution = £50,000 per annum
4. Promoting service to local stakeholders	Staff time: wte x salary (inclusive of on-costs)	<ul style="list-style-type: none"> Cost neutral – included within '2. Service budget 	£0
5. Training and managing volunteers	Staff time: wte x salary (inclusive of on-costs)	<ul style="list-style-type: none"> Cost neutral – included within '2. Service budget 	£0
Direct benefits			
6. Revenue raised for clients	Value in £	<ul style="list-style-type: none"> £27,721.09 raised in Macmillan grants £2,850 raised from other charitable sources 	£27,721.09 £2,850 Total: £30,571.09
7. Non-cashable benefits for clients	Approximate value in £	<ul style="list-style-type: none"> 20 'Willow Trust' special days and holidays (average cost: £699.01)¹⁷ 11 monthly 'Look good, feel better' (LGFB) sessions, each attended by 12 women: <ul style="list-style-type: none"> - 11 x (12x £250 make-up) - 11 x £80 (2hours@£40/hour, cost-neutral to CISC, funded by LGFB)¹⁷ 	£13,982 £33,000 £880 Total: £47,862