HEALTH AND WELLBEING CLINICS AND EVENTS
Introduction

The Recovery Package is a series of key interventions including Health and Wellbeing Clinics and events which, when delivered together, can greatly improve outcomes for people living with cancer. It is central to Macmillan’s objective of achieving its Nine Outcomes (you can find out what these are in the graphic below).

This good practice guide will discuss the rationale for developing and providing Health and Wellbeing Clinics and events to enhance supported self-management and improve information and support for people living with cancer. For the purpose of this document we will refer to them as Health and Wellbeing Clinics, although sometimes they may come under different names such as events or treatment days.

Background to the Recovery Package

There are over two million people with cancer in the UK, and this is projected to increase to four million by 2030.1 Research shows that one in three cancer survivors experience moderate to severe unmet needs at the end of treatment, and for 60% of people, these needs have not improved six months after treatment.2 These findings are supported by subsequent National Patient Reported Outcome Measures (PROMs)3 which have found that people with cancer experience persistent long-term problems.

Although more people are being diagnosed with cancer in the UK, more people are surviving a cancer diagnosis due to earlier detection and improved treatments. Cancer is moving from a disease where mortality was often the norm to one where more people can expect to live healthy and active lives for many years after their treatment is over. However, this also presents health and care services with the challenge of delivering sustainable healthcare to this group.

The increase in cancer prevalence and the evidence of unmet needs will require a transformation in the way that the NHS cares for people affected by cancer. This will mean moving away from the emphasis on acute and episodic care towards a holistic, personalised approach that is well coordinated and integrated. Health and Wellbeing Clinics can form an important part of this approach.

Macmillan’s Nine Outcomes

I was diagnosed early
I understand, so I make good decisions
I get the treatment and care which are best for my cancer, and my life
Those around me are well supported
I am treated with dignity and respect
I know what I can do to help myself and who else can help me
I can enjoy life
I feel part of a community and I’m inspired to give something back
I want to die well

Transforming care

The National Cancer Survivorship Initiative (NCSI) was set up in 2008 to address these challenges. Its aim is to ‘ensure that those living with and beyond cancer get the care and support they need to lead as healthy and active a life as possible, for as long as possible’.

The NCSI has developed and tested a number of key interventions, together called the Recovery Package. Its report, Living with and beyond cancer: taking action to improve outcomes4 emphasises the importance of the Recovery Package in achieving better outcomes.

It highlights that people will have greater wellbeing, and their demand for services will be lower, if they get the support that is relevant to their particular needs. This support should promote healthier lifestyles and independence.
The Recovery Package is made up of the following elements:

- a Holistic Needs Assessment (HNA) and care planning at key points of the care pathway.
- a Treatment Summary completed following treatment, then shared with the person living with cancer and sent to their GP.
- a Cancer Care Review completed by the GP or practice nurse to discuss the person’s needs. The review should happen within six months of the GP practice being notified that the person has a cancer diagnosis. It should be the start of an ongoing conversation required across the cancer care pathway.
- an education and support event, such as a Health and Wellbeing Clinic, to prepare the person for the transition to supported self-management. The event should include advice on the relevant consequences of treatment and the recognition of issues, as well as details of who to contact. It should also provide information and support about work and finance, healthy lifestyles and physical activity.

The Recovery Package also complements the introduction of stratified care pathways\(^5\) which enable individualised follow-up care. This can either be through a supported self-management approach, with rapid access back into the specialist team should this be needed, or through continued face-to-face follow up with health care professionals.

A Health and Wellbeing Clinic is a crucial part of supporting not only stratification of care pathways but also ensuring people feel well supported during a period of transition between ending treatment and finding their ‘new normal’. A Health and Wellbeing Clinic may be used to improve the level of support within the existing care pathway or as part of stratification of care pathways.

Introducing a Health and Wellbeing Clinic will support:

- people living with cancer to seek information beyond the secondary care environment by the provision of accurate, relevant and trustworthy information.
- a more systematic and proactive approach to cancer care and rehabilitation to aid recovery improving outcomes for people living with cancer. This will reduce unnecessary use of health and social care resources. This will allow and support people to live a healthy and active lifestyle.
- a greater emphasis on empowering people to manage their own care by giving them the appropriate information and support to do so.
- a shift in focus from a standard ‘one size fits all’ approach to one where follow-up care is truly patient-centred and where clinical, psychosocial and practical needs are assessed and managed effectively. This proactive approach will help improve the patient experience, avoid unnecessary appointments and avoid unplanned admissions. Achieving this balance between quality and cost is a key consideration for both commissioners and providers.
- a cultural shift in the approach to care and support for people affected by cancer and act as a transition to supported self-management and survivorship.
- people who report feeling isolated and abandoned at the end of treatment\(^6\),\(^7\). This can be helped with better information and support.
- opportunities to promote healthy lifestyle advice and self-management skills.
- group delivery of information, which means peer support will be more cost effective.
- opportunities for carers to seek the information they need to offer support to their relatives or friends.

Evaluating Health and Wellbeing Clinics

Health and Wellbeing Clinics can take a variety of forms, but what evidence is there of their effectiveness?

An evaluation of Health and Wellbeing Clinics was completed in May 2011. The clinics are supportive, group events that provide information, signposting and contact with peers. Their aim is to help patients move on after treatment and assist with the emotional impact of this transition. The evaluation identified a number of common things that worked well, including identifying the outcomes achieved by clinics.

The things that supported clinics to work well included:

- the engagement of the multidisciplinary team to support referral and attendance, through systematic referral processes and dedicated administrative time.
- the promotion of a wide range of services related to wellbeing and not just traditional health services.
- creating opportunities for volunteers to share their personal experiences of cancer with attendees.
- tailoring the design and branding of the clinics to the patient groups.
- working in partnership with community organisations to target black and minority ethnic groups to support recruitment, attendance and design of the clinic.
- offering continued support after clinics. This has included various routes such as the development of networks of volunteer and community support services, and giving patients the option to attend subsequent clinics.
The evaluation also identified the components of effective clinics at different stages and made recommendations for activities that should be considered before, during and after the delivery of Health and Wellbeing Clinics. These are summarised below:

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<th>Stage</th>
<th>Components</th>
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| Recommended pre-clinic design and inputs                              | • Awareness and engagement (of patients, multidisciplinary teams primary care, voluntary sector and commissioners)  
• Pathway integration (of clinics into cancer and survivorship pathways)  
• Agree an appropriate model, including the role of volunteers  
• Training of staff and volunteers  
• Pre-clinic needs assessment, based on assessment and care plan or Holistic Needs Assessment  
• Referral mechanisms  
• Administrative support (paid or voluntary)  
• Agree data collection and patient tracking processes                  |
| Recommended processes at the clinic                                   | • Processes (tracker system)  
• Interventions (for example, care action planning, exercise or relaxation techniques)  
• Communication models (for example, presentations, market stalls, one-to-one support)  
• Information giving, including key health and wellbeing messages (verbal, written and signposting) tailored to audience  
• Data collection for tracking and evaluation                            |
| Recommended outputs and actions following the clinic                  | • Documentation (eg letter to GP)  
• Referral to buddy support programme  
• Timely referral and access to other services  
• Information for patient to take away  
• Tracking and evaluation data processed                                 |

With regard to the outcomes achieved by clinics, the evaluation found that those that had attended the clinics experienced a range of positive benefits. Attendees had increased knowledge of the signs and symptoms of recurrence of cancer and they knew how to re-enter the system if they needed to do so. This could work to fill the gap in information that was identified in the evaluation of stratified pathways.

As with stratified pathways, these events were supportive in empowering patients to self-manage their condition, increasing their knowledge of local services and reducing anxiety regarding access to services. Patients also reported increased knowledge with regard to diet, physical activity and referrals to physiotherapy and dieticians. The evaluation also found that patients experienced improvements in their quality of life, allowing them to better manage emotional distress and take part in social activities.
The evidence base for Health and Wellbeing Clinics

Much of the evidence of the need for Health and Wellbeing Clinics came from the initial scoping, testing and work looking at long-term conditions.

Big clinic or group therapy had never been reported in cancer services before, so this was groundbreaking work. Holman & Long (2000) identified that, “When acute disease of course, they do) but also because health care can be delivered more effectively and efficiently if patients are full partners in the process.”

Escobar (2001) reported the benefits of group-delivered interventions including improved self-efficacy and symptom control.

Fletcher et al (2006) examined the acceptability of group visits in comparison to individual follow-up sessions in a sample of urology patients. They found that the patients’ satisfaction with drop-in group sessions was just as high as individual follow-up sessions, with 87% of patients rating the experience as excellent. This study indicated that group sessions offered equivalent patient satisfaction at a reduced cost.

Bingen and Kupst (2010) demonstrated an educational programme to be effective in increasing self-reported survivorship education in teenagers and young adults with childhood cancer. The programme was shown to increase their awareness of resources and enhance support.

The literature suggests that educational group sessions are beneficial to those who take part and that many find the experience valuable.

Group events provide the opportunity for social learning, a shared emotional experience, and an opportunity to impart information and teach new skills. People also find that meeting with their peers helps with the transition from patient to survivor and improves their psychological wellbeing.

Group settings can also enhance self-efficacy and the ability to cope with personal health and wellbeing. The Innovations to Implementation: How to guide outlines the way in which you can implement Health and Wellbeing Clinics and events in your local area. Health and wellbeing events can give people affected by cancer a unique opportunity to link with the services in the local primary care and secondary care communities.

What is the structure of a Health and Wellbeing Clinic?

The most usual format for a Health and Wellbeing Clinic is a short day or half-day event. Health and Wellbeing Clinics can be categorised as follows:

- **Generic events:** Where there may be structured, facilitated or taught sessions, eg, on fatigue or physical activity. These are non-tumour specific, ie, can be attended by people of any tumour type. Attendees can then either drop in or make appointments to gain further information on a specific subject, eg, benefits advice. Often there will be a structured taught element which is followed by a market place. This market place for example, will have stalls on different subjects or topics, eg, local support groups, benefits advice, dietary information. Local community groups and services will often be invited to attend.

- **Tumour-specific events:** These may follow the same format as the generic events but the structured, facilitated or taught sessions are more tumour specific, eg, about the recognition of recurrence and who to contact if attendees are concerned they may have a recurrence. Alternatively there may be specific information about potential consequences of treatment, eg, the potential for osteoporosis if long-term hormone use is part of breast cancer treatment. Some tumour sites may combine with other tumour sites that experience similar side effect profiles, eg, prostate and bowel cancer.

- **Part of stratification of the care pathway:** These clinics would replace follow-up appointments and may follow a similar format to the tumour-specific events.

How do I set up a Health and Wellbeing Clinic?

**Considerations prior to setting up an event:**

- Who else from my organisation or team do I need to work with to achieve this objective?
- Should I consider setting up a steering group or working party including representatives from the multidisciplinary team, service users and relevant support group representatives?
- Do I understand the current evidence related survivorship issues for people living with and beyond cancer, or do I need to read more, undertake training, or shadow my colleagues?
- Do I want a small-scale quality initiative or do I want my clinic to be part of a wider systems change?
- What are the likely costs? What are the resource implications? What funding is available?
- Has there been any activity recently in the Trust around Health and Wellbeing Clinics? If not, is there a receptive multidisciplinary team that would be willing to co-create and work on potential solutions?
- Does the Cancer Patient Experience Survey (CPES) or any other Trust data indicate any recurring areas of concern for patients?
- Is it possible to carry out a pre-event survey with patients to help shape the event?
• What messages will be conveyed to the participants?
• Consider your starting point. Is it best to start small with a view to rolling it out in other areas? This may initially be in one clinic with a subgroup of patients from that specialist.
• What are the likely training needs of those involved in planning and delivering the event – particularly if volunteers will be assisting you? Who can provide the necessary training?
• The collation of concerns raised from the Holistic Needs Assessment and care planning processes may help to identify the information and support needs to be provided at the Health and Wellbeing Clinic.

Logistics and planning considerations
• Who is going to manage and run the clinic?
• Who will deal with advertising, promotion and referrals?
• Where will the clinic be held?
• What will the length of the clinic be?
• Will refreshments be provided?
• Who is going to provide administrative support?
• How will you evaluate the event?
• How can you signpost to further sources of support?
• Have you identified local support services (eg, support groups and local gyms) to make sure people living with cancer are linked back to their local communities?

The content of your Health and Wellbeing Clinic
The content of your clinic should support people living with cancer to make the shift from the treatment phase to life after cancer. You can achieve this by covering a selection of relevant subjects in the clinic and offering attendees the chance to meet with a range of different people, eg, clinicians, complementary therapists and benefits advisers.

Consider offering people living with cancer the opportunity to:
• find out about benefits and other financial support.
• learn more about how to get back to work.
• discover information about good diet and lifestyle.
• become more knowledgeable about possible long-term side-effects and the consequences of treatment.
• learn about issues surrounding their particular cancer.
• discover the local services and facilities that are available to them in the community.
• use the clinic as a ‘one stop shop’ where they can get all the information, financial advice and expert medical care they need.
• meet and share their thoughts with people in similar situations, be it through support groups or a buddying service.

The benefits of Health and Wellbeing Clinics
The benefits for people living with cancer include:
• better knowledge of the signs and symptoms of cancer recurrence and the consequences of treatment.
• more confidence to question or challenge information and make informed decisions about their health.
• more confidence to deal with the physical discomfort and emotional distress associated with cancer and its treatment.
• a strong sense of reassurance. Even if they don’t need the services at that time, they know what support is available and how to access it in the future.

The benefits for healthcare organisations include:
• providing better patient outcomes and reducing unplanned admissions and use of health and social care.
• creating an effective atmosphere for delivering health and wellbeing messages in an informal and relaxed setting.
• empowering patients by providing knowledge and boosting confidence, leading to earlier intervention and improved outcomes.
• ensuring people know what might happen next and how they can access the appropriate service if they need to, thereby making sure that healthcare resources are used effectively.
• giving people direct referrals where necessary, ie, making it easier for them to access the relevant services.
• sharing techniques to help self-management for health and wellbeing, thus improving people’s quality of life and potentially lessening their need for services.
• making sure people understand the importance of remote surveillance, and therefore ensuring people continue to attend for necessary tests.
• improving access to a wide range of services, helping to address needs and improve outcomes.
• giving people living with cancer the opportunity to meet others with similar experiences, thereby providing reassurance, and reducing anxiety and the sense of isolation for anyone affected by cancer.
• utilising volunteers to add value at the events.

The funding and costs of running Health and Wellbeing Clinics
Some costs will be incurred when running a Health and Wellbeing Clinic. Even if a free venue is available, the staff time required to organise and run the event needs to be taken into consideration. Also, if volunteers are involved, their travel expenses may need to be paid.

There are various ways to fund a Health and Wellbeing Clinic. These might include:

Expending little or no direct financial outlay by:
• using an internal venue that does not accrue a direct cost and providing light refreshments that are internally funded or donated.
• working with the local supermarket community engagement officer who may be able to provide healthy snacks.
• seeking sponsorship from local businesses.
• working in collaboration with a healthy eating team.

Operate as part of a funded model by:
• working with local commissioners to enable the clinic to be part of tariff and claim out-patient appointment costs. This will need to be explored locally with relevant commissioners.
• including the costs of the Health and Wellbeing Clinic as part of a stratified pathway.
• applying for a grant or some other form of support from a charity or other externally supportive organisation.

The content of your Health and Wellbeing Clinic
• have you identified local support services (eg, support groups and local gyms) to make sure people living with cancer are linked back to their local communities?

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Case studies

Below are some examples of good practice for generic Health and Wellbeing Clinics, tumour-specific Health and Wellbeing Clinics and a Health and Wellbeing Clinic that is part of a stratified pathway.

Astrid Greenberry,
Cancer Service Improvement Facilitator,
Lancashire Teaching Hospitals NHS Foundation Trust

Generic Health and Wellbeing Clinic
Lancashire Teaching Hospital provides local cancer services for all site specialists. The Trust provides tertiary cancer services for around 1.8 million people. It was motivated to start providing Health and Wellbeing Clinics by the National Cancer Survivorship Initiative, as well as a desire to offer patients support and empower them in their own self-management.

Context
• The main group involved in the process was local cancer support charity, Cancer Help, who hosted the clinic and provided the services. The Trust also worked closely with Preston City Council, NHS Lancashire Care and Citizens Advice Bureau. They chose to hold the clinic off site so as to not make it feel too clinical.
• The main challenge was trying to prove and quantify the benefit of the Health and Wellbeing Clinics.

Approach
• The Health and Wellbeing Clinic was initially held at the end of a hospital follow-up five years after treatment, but it became clear that this was too late. Feedback from the patients showed that the right time to attend a clinic was six weeks after treatment.
• The clinic is half a day long with the healthcare professionals giving a five-minute introduction of who they are and what they can offer. The structure of the clinic is fluid with networking opportunities and the chance to book in consultations with specialists.

Outcomes
• Feedback from attendees was positive – they completed both a pre and a post-clinic evaluation.
• There was a good amount of information about the support that is available after treatment.
• The feedback from the participants highlighted that they liked the chance to mingle and meet people in similar situations at an informal environment.

Key Learning
• The Trust should invite a high volume of people in order to make it cost effective because only about 50% of invited attendees actually came.

Julie Parr,
Macmillan Cancer Information & Support Manager, Cancer Services, St Helens & Knowsley Teaching Hospital Trust

Generic Health and Wellbeing Clinic
This Trust provides local cancer services, has an oncology unit and provides tertiary cancer services to around 400,000 people. The Trust was motivated to start providing Health and Wellbeing days in 2010 by the National Cancer Survivorship Initiative, as well as a desire to offer patients support and empower them in their own self-management.

Context
• A working party was convened that included a lead cancer nurse, psychologists, oncologists, patient representatives, the council health and wellbeing team, a local cancer support group representative, a nutritionist and a physiotherapist. We looked at how we were going to run the clinics, the frequency, the venue, the budget and recruitment.
• We chose to hold the events off site so as to not make them feel too clinical.
• The oncology charity paid for the venue and refreshments, and we decided to hold the events three times a year at a central site that was easy for all geographical areas to access.
• We decided to hold generic days as they would reach out to more people.
• The main challenge was trying to prove and quantify the benefit of the Health and Wellbeing days.

Approach
• The first Health and Wellbeing day was held in a local hotel. It was attended by cancer nurse specialists, some consultants, health and wellbeing teams, local cancer support groups, IVAN (a cancer information vehicle), carers and young carers, smoking cessation professionals, a nutritionist, a spiritual care team, a sexual health team, benefits advisors and back to work specialists, among others.
• The cancer nurse specialists invited their patients post-treatment and it was publicised locally and also in the local press. The structure of the clinic is fluid with networking opportunities.
• The Trust interviewed patients and carers at the event to help us evaluate and shape future events.
• Following this audit we now hold these days in a local community hall.

Outcomes
• Feedback from attendees was positive after evaluation.
• There was a good amount of information about the support that is available after treatment.
• The feedback from the participants highlighted that they liked the chance to mingle and meet people in similar situations at an informal environment.

Key Learning
• The Trust should advertise and also invite a higher volume of people in order to make it cost effective as attendance at its highest was 100 people.
**Health and Wellbeing Clinics and Events**

**Wendy McPhee,**
RN, BSc Specialist Practice (Oncology), Belfast Health & Social Care Trust

**Tumour-specific Health and Wellbeing Clinic**

Belfast City Hospital, located within the Belfast Health and Social Care Trust, hosts the specialist tertiary centre for men with testicular cancer. There was a distinct lack of information, support and holistic care for this group of patients within the Belfast Health and Social Care Trust. Despite a high cure rate, a lot of men find their physical, psychological and social problems difficult to address, leading to tendencies of non-compliance with treatment and follow up.

**Context**
- The main people involved in the process were the project team and the patient focus group.
- The attendees were mainly newly diagnosed patients with testicular cancer and their wives, partners and carers.
- The main challenges for the Health and Wellbeing Clinics included low turnout in some of the venues, staff availability and IT compatibility.

**Approach**
- Patients and carers who attended follow-up clinics in early 2012 completed questionnaires regarding services available to them at that time, and this was then used to form the basis of the clinics.
- The Patients First programme ensured funding was available through a bursary and the coordinator at each venue assisted with logistics.

**Outcomes**
- Introducing patients and their partners and carers to a wider range of services to help meet their needs.
- Improved education and self-management.
- Provision of consequences of treatment and related advice.
- Opportunity for patients to discuss difficult or emotional subjects in a safe, well-supported environment.
- Signposting to local services.

**Key Learning**
- There should be personal contact or an invitation whilst the patient is having treatment explaining the role of the Health and Wellbeing Clinics. It should be embedded into their treatment.
- There should be separate breakout sessions for partners and carers.
- There should be a review appointment on the same day to save time.
- It should be patient focused.

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**Wendy White,**
Macmillan Lymphoma CNS, Portsmouth Hospitals NHS Trust

**Tumour-specific Health and Wellbeing Clinic**

Portsmouth Hospitals NHS Trust serves a population of approximately 800,000 and has close links with the cancer unit in Southampton, Chichester and the Isle of Wight. The Trust treats 3,000 new patients every year. The audience for the Health and Wellbeing Clinic was any lymphoma patient at any stage in their pathway. Some were highly encouraged to attend due to their unmet needs, and others were invited based on a random selection process.

**Context**
- A care coordinator had been successfully recruited and paid for with a Macmillan Grant. The care coordinator leads the organisation of the event with the help from the Penny Brohn facilitator and guidance from the Trust.

**Approach**
- The Lymphoma Health and Wellbeing Clinic was a half-day event and specific people were identified to deliver different parts of the day. It was structured with taught sessions, followed by a market place.

**Outcomes**
- Working with managers and the finance team to apply for funding from the Clinical Commissioning Groups.
- Working with the Lymphoma Association to help produce lymphoma-specific resources for this type of event. These will enable patients to access this self-management information.

**Key Learning**
- The organisers of the event should search for resources already in existence in order to save money.
- Liaise with other stakeholders involved in supporting patients to self-manage.
- Have a lead organiser to coordinate the event.
- Check in with the multidisciplinary team managers and finance team to see if the session can be costed and put to the commissioners or see if there is a grant available.
A Health and Wellbeing Clinic that is part of a stratified pathway
Southampton has one of the 12 regional cancer units in the UK and the hospital serves a population of 1.7 million people. The Trust wanted to develop a robust patient-triggered follow-up programme that ensured the patients who were able to undertake support self-management were able to do it in the correct environment.

Context
• Key stakeholders included the research team from Coventry University who ran focus groups with the patients who had been in traditional follow up for a significant amount of time. These patients helped design the content for the workshop. The clinical team had no input into the content – it was purely patient led. The workshops are then delivered by a combination of cancer nurse specialists and patients who have been trained.

Approach
• Patients are stratified into self-managed follow up and the hospital then invites them to enter a programme with the Health and Wellbeing Clinic being the first step.
• The workshop is half a day long and designed for a maximum of 12 participants. A number of different venues have been tried and tested, both in and out of the hospital. Currently clinics are being held in the Macmillan information centre. The Trust is currently looking at ways to roll out Health and Wellbeing Clinics to all patients to improve their rehabilitation.

Outcomes
• All the attendees completed an evaluation of the workshops and a lot of positive feedback has been received so far. The workshops are now embedded in the pathway and are sustainable as they do not cost very much.

Key Learning
• Need to be embedded in the self-managed pathway in order for all patients to access them.

If you would like to find out more about these examples of Health and Wellbeing Clinics, events and other resources, please go to the Recovery Package web pages on the Macmillan website, or contact the Recovery Package team at recoverypackage@macmillan.org.uk
Policy

England

Living With and Beyond Cancer: Taking Action to Improve Outcomes
This document details advice for commissioners and providers about the types of services that need to be available for cancer survivors. It starts to develop an evidence base as a basis for action and looks at what support cancer patients need, and how that support can be provided in the most cost effective way.

Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)
The CCG OIS is a key part of the NHS Commissioning Board’s approach to quality improvement. Its main aim is to support and enable Clinical Commissioning Groups and health and wellbeing partners to plan for health improvement by providing information for measuring and benchmarking the outcomes of commissioned services. It is also intended to provide clear, comparative information for patients and the public about the quality of health services commissioned by Clinical Commissioning Groups and the associated health outcomes.

nice.org.uk/aboutnice/cof/cof.jsp

Improving Outcomes: A Strategy for Cancer, 2011
This strategy puts patients at the heart of cancer services, notably by aiming to reduce the proportion of people who report unmet physical or psychological support needs following cancer treatment. Chapter 5 (Improving outcomes for cancer patients: quality of life and patient experience) acknowledges that patients’ needs include psychological support, financial advice, support to self-manage, and information about treatment and care options.

Tinyurl.com/improveoutcomes

Northern Ireland

Service Framework for Cancer Prevention, Treatment and Care
The framework sets standards that span the whole patient pathway from prevention through to survivorship. It was developed by the Northern Ireland Cancer Network on behalf of the Department for Health, Social Services and Public Safety.

dhsspsni.gov.uk/sqsd_service_frameworks_cancer

Transforming Your Care – A Review of Health and Social Care in Northern Ireland
This 2011 review set out plans for the transformation of health and social care in Northern Ireland over the subsequent five years.

Tinyurl.com/transformyourcare

Scotland

NHS Scotland Quality Strategy
This strategy underpins the development of the NHS in Scotland and its aim is to deliver the highest quality healthcare services to people in the country.

scotland.gov.uk/publications/2010/05/10102307/0

Transforming Care After Treatment
This programme is being delivered by the Scottish Government in partnership with Macmillan. It’s a new work stream of the Scottish Cancer Taskforce.

qihub.scot.nhs.uk/programmes/cancer.aspx

Wales

Together For Health – Cancer Delivery Plan
This plan sets out the Government expectations of NHS Wales in tackling cancer up to 2016. Local health boards are expected to assign a named key worker to assess and record the clinical and non-clinical needs of everyone diagnosed with cancer in a care plan. This includes regular assessment of the consequences of treatment, and other needs. These needs may include access to financial, emotional and spiritual advice and support, to ensure a holistic, person-centred approach.

Tinyurl.com/togetherforhealth
The Recovery Package resources

Macmillan has a selection of resources available for health and social care professionals – they’re all free and easy to order from be.macmillan.org.uk

Assessment and care planning for people with cancer
This booklet for patients outlines the process of assessment and care planning, what to expect and what they can prepare for.
be.macmillan.org.uk
Order code: MAC12957

Assessment and care planning folder
This pack contains two triplicate pads for the assessment and the care plan, sufficient for 100 assessments. This enables the user to give a copy to the patient, a copy to the GP or audit, and place a copy in the medical records. Replacement pads are also available (separate order code).
be.macmillan.org.uk
Order code: MAC13689

Get active, feel good exercise DVD
In this exercise to music DVD, cancer and fitness expert Dr Anna Campbell, guides you through three exercise plans to complete at home. A booklet is provided with the DVD.
be.macmillan.org.uk
Order code: Mac 14016

What to do after cancer treatment ends: 10 top tips
This leaflet helps patients get the support they need to lead as healthy and active a life as possible following cancer treatment.
be.macmillan.org.uk
Order code: MAC13615

After cancer treatment: a guide for professionals
This short guide is intended to accompany the Macmillan booklet, What to do after cancer treatments ends: 10 top tips. It explains why each of the 10 patient tips is important and provides practical ideas and suggestions for how healthcare professionals can support patients in their recovery from cancer.
be.macmillan.org.uk
Order code: MAC14302

Macmillan Organiser
The Macmillan Organiser is designed for the patient to help them keep track of treatment, make notes and find the information and support they may need. It enables people to record useful information to help them self-manage and contains useful assessment tools such as the concerns checklist and mood and food diaries.
be.macmillan.org.uk
Order code: Macmillan Organiser: MAC13281

Physical activity and cancer treatment
This booklet is written for people living with or after cancer who want to know more about the benefits of being physically active. It includes practical advice and useful organisations.
be.macmillan.org.uk
Order code: MAC12515

Treatment Summary – user guide and templates
A user guide and templates for the Treatment Summary, providing information to help you implement this change, the rationale for data fields, READ codes and the template to use.
be.macmillan.org.uk
Order code: MAC13894

Work Support Route Guide
English Version
A signposting resource for health and social care professionals to guide people living with cancer who are in employment or on long-term sick leave, self-employed or out of work and want to discuss work options.
be.macmillan.org.uk
Order code: MAC13538_ENG

Celtic nation versions also available.

The Recovery Package – Mac Voice sharing good practice
The Recovery Package is a series of key interventions which, when delivered together, can greatly improve outcomes for people living with and beyond cancer. This document outlines the interventions, the evidence and how it improves care.
be.macmillan.org.uk
Order code: MAC5772_0614_SGP

Videos
You can find a variety of useful videos about the Recovery Package at macmillan.org.uk. Just click on the ‘About us’ tab at the top of the page, then choose ‘Health and social care professionals’ from the menu at the left. After that, go to ‘Macmillan’s programmes and services’, and then ‘Recovery Package’ to view the Recovery Package video. If you click on the text that says ‘Holistic Needs Assessment’ or ‘Electronic Holistic Needs Assessment’ on that page, you’ll be able to view those videos as well. Here are the direct links to all the videos:

The Recovery Package

Holistic Needs Assessment and Care Planning

Electronic Holistic Needs Assessment
References pages i–ii  
7 NHS Improvement. Stratified pathways of care ... from concept to innovation. Executive Summary 2012.
8 NHS Improvement. From Concept to Innovation. 2012.

References page iii–iv 
13 Issos MORI. Evaluation of Adult Oncology Services Qualitative analysis of care coordination services. June 2012.
14 This phase involved 43 semi-structured interviews with patients, 16 interviews with staff in Trusts and 4 interviews with charity contacts.

References v–vi 
5 NHS Improvement. Stratified pathways of care ... from concept to innovation. Executive Summary 2012.
6 NHS Improvement. From Concept to Innovation. 2012.

References page vii–ix 
As a healthcare professional, you know cancer doesn’t just affect your patients physically. It can affect everything – their relationships, finances, work. But maybe you feel like there aren’t enough hours in the day to spend as long as you’d like with them, or to answer all their questions.

That’s where we come in. We’re here to provide extra support to your patients with cancer, and their loved ones. Whether it’s offering benefits advice, help returning to work, or support with getting active again – we’re here to help you give your patients the energy and inspiration they need to feel more in control of their lives. Right from the moment they’re diagnosed, through treatment and beyond.

To find out more about how we can help, visit macmillan.org.uk. And please let your patients know they can contact us on 0808 808 00 00 if they need support.