Karen Lord
Macmillan Clinical
Academic in Palliative Care

‘By combining clinical and academic elements in one role, I can remain sensitive to the current needs of people receiving palliative care.’

In focus:
Supporting cancer carers
Sharing good practice
Metastatic spinal cord compression
Contents

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Macmillan’s new Chief Executive

We’re delighted to introduce Lynda Thomas as the new head of Macmillan.

A message from Lynda

‘Having worked at Macmillan for almost 14 years, I know only too well the huge difference we make to the lives of people affected by cancer, so I feel truly honoured to become Macmillan’s new Chief Executive. With the number of people affected by cancer set to reach four million by 2030 we have a huge challenge ahead, but I believe Macmillan has never been better placed to deliver the support and change needed to ensure no one faces cancer alone.’

Welsh-born Lynda joined Macmillan in 2001 as Head of Media. She developed the charity’s campaigning arm and was part of the team that oversaw the development of the award-winning brand, before being promoted to board level as Director of External Affairs in 2007.

Lynda became Director of Fundraising in August 2011, leading a 400-strong team. She was named the second most influential person in fundraising in the 2014 Fundraising Magazine poll, following a record-breaking 2013 where fundraising income reached £187 million. Lynda took on the role of Macmillan’s Acting Chief Executive in November 2014 while a permanent replacement was found for Ciarán Devane, who left Macmillan after seven years. Her position was made permanent in March 2015.

Outside of work, Lynda keeps busy spending time with her family: ‘We like to go to the theatre, plus we recently spent a few days skiing in France, which was brilliant.’ She admits, though, that not much beats unwinding in front of BBC iPlayer after a busy day.

Inspiring leadership

Julia Palca, Chair of Macmillan Cancer Support, says: ‘The board of trustees and I have been incredibly impressed by Lynda’s performance and leadership throughout her time at Macmillan, but especially over the last few months as interim Chief Executive.’

Julia continues: ‘Lynda has a proven track record of delivering great results for the organisation and consistently demonstrates creativity, resilience and passion in everything she does. Lynda is the perfect person to lead the organisation into an exciting new phase and help fulfil our ambition to reach and improve the lives of people affected by cancer.’

Lynda started her career in PR before moving into communications for charities including Action for Children and NSPCC. She is a trustee at the Institute of Fundraising and the Women’s Sport & Fitness Foundation, and a director on the Fundraising Standards Board.
New toilet card and symptom checklist

These new resources from Macmillan can help you raise sensitive issues and empower the people you support.

It’s thought that around 150,000 people are currently experiencing urinary problems, such as incontinence, after having cancer treatment.\(^1\)

Meanwhile an estimated 90,000 people have gastrointestinal problems, including diarrhoea and bleeding, after their cancer treatment.\(^2\)

As you’ll know, these complications can be incredibly debilitating and hugely affect quality of life. Some people may also find it difficult or embarrassing to talk about them.

Making a difference

We’ve created some new resources to help you support people who are facing these issues. One is a symptom checklist for people who’ve had pelvic radiotherapy, which raises awareness about symptoms and when to seek professional help.

The checklist comes with a wallet-sized toilet card and key ring, both designed to be carried easily. They can be used to help people access toilets when out and about. They explain that the person may need to use a toilet urgently because of cancer treatment.

The card and key ring are also available with a generic leaflet for anyone affected by bowel and bladder problems during or after treatment. Both leaflets also promote the RADAR key for access to disabled toilets.

Giving people confidence to leave the house

Carrying a card enabling quick access to toilets without needing to explain why, can stop someone feeling housebound following treatment for cancer.

Jean, who had pelvic radiotherapy and suffered from late effects, says: ‘I know some people who didn’t want to leave the house because they were so afraid of having an accident.’

With these new resources, we aim to help people living with cancer to take back control of their lives.

More information

To order the toilet card and symptom checklist visit be.macmillan.org.uk/cot

References

1. Based on data reviewed as part of: Macmillan Cancer Support, Throwing light on the consequences of cancer and its treatment, 2013; Department of Health, Quality of Life of Cancer Survivors in England, 2012; and UK cancer prevalence data.
2. Estimate based on data reviewed as part of Throwing light on the consequences of cancer and its treatment; Andreyev HJN, Davidson SE et al. Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment of cancer. Gut. 2012. 61:179-192; and UK cancer prevalence data.
Local helpline gains national recognition

A helpline for people undergoing cancer treatment in Shropshire has received recognition in the Nursing Standard.

The 24-hour acute oncology telephone helpline was held up as an example of innovation in acute oncology care by the publication, which is the biggest selling nursing journal in the UK. The helpline, which is being funded for three years by Macmillan, is provided by Shropdoc, a not-for-profit company that provides urgent medical services for patients when their GP surgery is closed.

People can call the helpline if they experience any complications or side effects. A member of the Shropdoc team will then assess them over the phone using the UK Oncology Nursing Society 24-hour triage tool and advise them whether they need to be seen at the hospital. If the person does not need to be seen urgently, the team will either arrange to contact them within 24 hours to check how they are, or instruct them to call back themselves if their condition deteriorates.

The helpline was set up in partnership with the Oncology team at The Shrewsbury and Telford Hospital NHS Trust, coordinated by Angela Cooper, Macmillan Lead Chemotherapy Nurse; Dr Abel Zachariah, Consultant Oncologist; and Lynne Breakell, Nurse Practitioner and Project Lead.

Friendly and helpful
One person who accessed the helpline said: ‘I used the helpline as part of my chemotherapy treatment and must admit I was dubious to start with. I thought I would be passed around a call centre. However, when I first rang the helpline the call handler was friendly and helpful, and took time to do a thorough assessment.

‘Following the assessment some alarm bells were ringing for her, but she reassured me that I would be fine and arranged for me to be admitted to hospital straight away. She told me where to go and even spoke to my husband to reassure him as well. When I got to hospital it was obvious that the staff there had been given a full handover about my condition and I was seen straight away.’

So far the helpline has been a huge success: from January to September last year, the team took 1,257 calls. Of those, 884 were resolved without the need for a hospital visit.

Local helpline gains national recognition

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

July
- Ethnic Minority Cancer Awareness Month
  Visit cancerequality.co.uk

24/7 Samaritans Awareness Day
24 July
To raise awareness of Samaritans 24-hour service across the UK.
Visit samaritans.org

August
- Douglas Macmillan’s birthday
  10 August

September
- Blue September
  Raising awareness of male cancers.
  Visit blueseptember.org.uk

Childhood Cancer Awareness Month
Raising awareness of the impact of cancer and treatment on children, young people and their families.
Visit clicsargent.org.uk/content/childhood-cancer-awareness-month

World’s Biggest Coffee Morning
26 September
Visit coffee.macmillan.org.uk

More information
Contact Laura Mitchell, Macmillan Communications Officer at lmitchell@macmillan.org.uk or on 07714 136 667.
Do you work with volunteers?

The Macmillan Volunteering Quality Standards (MVQS) provide an easy way to ensure you are meeting best practice guidelines.

If you manage volunteers, you can now experience the many benefits that come with adopting the MVQS. Whether you are a part of a small service with one or two volunteers, or a large-scale volunteer programme with many volunteers to manage, the MVQS will give you the tools you need to ensure your volunteer management meets with sector best practice.

The MVQS guidelines provide a simple, step-by-step framework to follow. Measurable and achievable indicators guide you through nine quality areas, which cover the important areas of volunteer management. The simplicity of the framework makes the MVQS a valuable tool if you’re new to volunteer management. Equally, if you are a more experienced volunteer manager, the MVQS provide an easy way to benchmark your practice and quality-assure the effectiveness of your work with volunteers.

More information
To find out more about the MVQS and how these quality standards can support your work please contact mvqs@macmillan.org.uk. A suite of supportive resources is available from Learn Zone at learnzone.org.uk.

Personalised information for Scotland

Info For Me is an innovative online resource managed by NHS 24 and developed with Macmillan.

Info For Me will allow people in Scotland to find cancer information in a way that suits them. They will be able to access detailed information on different cancers, make their own customised cancer leaflet, find support groups and more.

Website revamp
Info For Me is part of the Cancer Zone section of the NHS Inform website. The whole Cancer Zone section is currently being revamped and improved, to take into account the views of people affected by cancer and health professionals.

By introducing Info For Me across the Cancer Zone, individuals will be able to personalise information they find across the whole site. It will provide an online platform where people can find and store information quickly and easily, and signpost them to a range of holistic, national and local services. Through this signposting, it’s hoped the website will introduce people to support avenues they may not have considered previously.

While giving people access to online personalised information, the new website will also link up with face-to-face and telephone services, giving all-round access to better, more personalised information and support.

User testing
It is anticipated that the new Cancer Zone, featuring Info For Me, will be ready for initial user testing across Scotland from June 2015 through to the end of December 2015. Visit nhsinform.co.uk/cancer/infoforme

More information
Contact Kevin Hutchison, Macmillan National Information Strategy Manager, at kevin.hutchison@nhs24.scot.nhs.uk or on 07837 094 536.
Celebrating award winners
Macmillan professionals and teams continue to excel.

British Medical Journal
Congratulations to the Bradford, Airedale, Wharfdale and Craven Palliative Care Managed Clinical Network, which won Palliative Care Team of the Year at the BMJ Awards this May. The team, which includes Wali Nazar, a Macmillan Ethnic Liaison Worker, delivered the Last Year of Life Project. Their service set out to improve identification of people approaching end of life, using electronic systems to record people’s preferences about their care, and introducing a 24-hour telephone advisory service staffed by nurses, called Goldline. When patients ring Goldline they are put through to a senior nurse with full access to their records, care plans and notes, who can offer advice and reassurance, or send out a community nurse or doctor. Of more than 200 calls over six months in 2014, only one resulted in an admission to hospital or hospice. Over that period it is estimated that 89 admissions or A&E attendances were avoided. Congratulations also to the Specialist Palliative Care Team at Royal Surrey County Hospital NHS Foundation Trust, including Jo Thompson, a Macmillan Oncology Clinical Nurse Specialist, who were finalists in this category.

Nursing Standard
At the Nursing Standard Awards in May, the Transforming Cancer Follow-Up Team at the Public Health Agency in Northern Ireland was presented with the Cancer Nursing Award. The team, which featured in the last issue of Mac Voice, has discarded the traditional one-size-fits-all aftercare model for people with breast cancer in favour of the Recovery Package. This approach is person-centred and promotes self-management; reducing waiting times and improving patient experience. Currently, the team have used the Recovery Package for 58% of newly diagnosed breast cancer patients who have rapid access to their CNS if needed. They also won a Macmillan Team Excellence Award last November.
British Journal of Oncology
In March, Miranda Benney celebrated her second major award in recent months. The Macmillan Uro-Oncology Clinical Nurse Specialist was named the British Journal of Oncology Nurse of the Year, just four months after winning a Macmillan Professionals Excellence Award for Service Improvement. Miranda, based at Royal United Hospital in Bath, has been pivotal in the development of remote follow-up for those with stable prostate cancer. The PSA Tracker is a computer database, which allows patients to be monitored without the need for a hospital visit. Miranda is part of the hospital’s survivorship group and has promoted the Recovery Package, which includes holistic needs assessment, treatment summaries and care plans. Congratulations also to Michelle Samson, Macmillan Lead Acute Oncology Haematology Nurse at North Bristol NHS Trust, who was a finalist for her nurse-led acute oncology service.

Quality in Care Oncology
The Macmillan Aftercare and Rehabilitation Service (MARS) in Guildford provides a ‘stunning service’ that ‘crosses boundaries and has so many tangible benefits’ said judges at the Quality in Care (QiC) oncology awards. The team won the award for Supporting People Through a Team Approach last December. MARS provides a specialist follow-up service for people who have completed treatment for head and neck cancer at St Luke’s Cancer Centre at The Royal Surrey County Hospital (RSCH). The team consists of dietitians, a speech and language therapist, nutrition nurses and a patient care support worker, who work closely with important supporting staff at the hospital. Comments from people affected by cancer include: ‘Thank you for being so caring and helpful. You provide a very valuable service’.
Over three quarters of women with cancer asked by Macmillan said visible side effects of treatment had a negative impact on their confidence. Rachael, a Boots Macmillan Beauty Advisor, says: ‘It’s a real privilege to be able to help people feel a little more like themselves when they’re going through such a difficult time. It’s a completely free service, available to both men and women, and they don’t need an appointment. We can show them how to maximise their eyebrows if they’ve lost them during chemotherapy, and how to minimise changes to skin such as redness or dark circles under their eyes.’

Rachael continues: ‘Our extra training is delivered by both Macmillan and No7 trainers, so it has a real partnership feeling. The training means we have a better awareness of what people affected by cancer may be facing. It also gives us practical skills. Some of my colleagues have gone on to build some great partnerships with local Macmillan services and are working together to deliver sessions both in and out of store.’

Linda, a No7 customer says: ‘It’s lovely coming to spend time with the No7 girls – they really pamper me and it’s good to be able to chat to somebody other than nurses or my family about how the treatment is going, and how it’s affecting me.’

In February Rachael and Angie, a cancer information nurse from the Macmillan Support Line, took part in a web chat on Macmillan’s Online Community about coping with the visible side effects of cancer treatment. To read a transcript of all the questions and answers from the chat, visit macmillan.org.uk and type ‘Hair, make-up and skincare web chat transcript’ into the search bar.

**More information**

To find your nearest Boots Macmillan Beauty Advisor visit boots.com/storelocator. For more information on how you can link up with the service call 0207 840 4901.
Introducing the Macmillan Alumni

A new network is allowing former Macmillan professionals to stay part of Macmillan.

Current and former Macmillan professionals have told us that they’d like to continue a relationship with us after they’ve left their Macmillan post. So we’ve launched an exclusive Alumni network for previous post holders, including retirees.

The Alumni gives people the opportunity to network and allows them to stay in touch with Macmillan no matter how long ago they were in a Macmillan post and what they are doing now.

Some Alumni members are also choosing to become Macmillan Ambassadors. These are former Macmillan professionals who want to become active members of the Macmillan Alumni and contribute more time to undertake additional activities to support Macmillan.

They choose the activities and projects they’d like to get involved with, which allows them to continue making a difference to Macmillan and to the lives of people affected by cancer.

One Macmillan Ambassador is Charles Campion-Smith (pictured), who won the Lifetime Achievement Award at last year’s Macmillan Professionals Excellence Awards.

Charles Campion-Smith on his plans as a Macmillan Ambassador

‘I was a GP in Dorset for 32 years. For the last 12 or so, I’ve been associated with Macmillan. Initially as a GP Facilitator working on our local patch, then latterly as one of the GP adviser team, still with some regional responsibilities but also with other areas I was able to explore, which was really fascinating.

As a Macmillan Ambassador, I’ll be continuing with the development of a practice nurse course that we piloted across the south west, but which has now spread across the UK.

I really enjoyed being part of the Macmillan team, and I think that particularly as I started to develop the practice nurse course, I realised what a reservoir of support there is from the UK office. It was great to find that there were people within the organisation who could support what we did. And as we built up those networks I really felt it would be a shame not to have an opportunity to continue to use them.

I think having a Macmillan title opens doors. For instance, I have been working with OPAAL (the Older People’s Advocacy Alliance) recently, and I think they are very pleased to have somebody who links to Macmillan, but also to have somebody who has knowledge of Macmillan’s higher-level strategy.

I’m also involved with a couple of steering groups and research projects, and again doing that with the Macmillan tag is useful, because not only can I take my knowledge to those groups, but I can also keep the GP adviser for the wider Macmillan community informed about what is going on there. I think it’s a two-way exchange and if I can be a useful conduit for that, then it’s a role worth considering.’

Do you know someone who used to be a Macmillan professional?

If you know someone who might be interested in joining the Alumni, please ask them to email alumni@macmillan.org.uk.
How did your professional background lead to this position?
My interest in research predates my nursing career. I developed an early appreciation for research-based evidence through listening to my father talk of his work as a research chemist, testing medicines to treat asthma. In my nursing career, I have accepted opportunities to participate in research activities when relevant to improving patient care, particularly in cancer nursing and palliative care.

How did your current role come about?
In 2012, I was considering what my next career move might be, as I anticipated completing a PhD through the University of Leicester. I had continued to work clinically within the Specialist Palliative Care Team (SPCT) at the University Hospital of Leicester NHS Trust (UHL) throughout my studies and was keen to retain this role. Ideally I wanted to use my research skills as well. At that time this aspiration seemed a distant possibility.

However, earlier in 2012 the Department of Health had published a paper on the role of the clinical academic.1 It was an attractive idea, and more through hope than expectation, I discussed the proposal with my manager. After these discussions, a bid for funding an innovative new post within the...
team was submitted to Macmillan, and a substantive post was secured. Macmillan sponsored the post for a two-year period, with funding continued by UHL thereafter. The post was advertised nationally and I felt fortunate to have been appointed.

**What does your role involve?**
Since May 2013, I have continued to work clinically for an average of two days a week as part of the SPCT, supporting patients and their family carers. I advise on how best to control distressing symptoms of cancer and other life-limiting conditions, signpost to information and services, and provide psychological support, particularly around future-care planning.

A second element of the role is to foster evidence-based practice and provide support to nurses who are interested in research activities. Currently, in liaison with respiratory ward staff, I am designing an evidence-based ‘pocket guide to palliative care’ for those with life-limiting respiratory conditions. It may prove to be a model for use in other specialties.

Within the SPCT, it has now become the norm to hear me introduce research news relevant to a topic under discussion, and to see articles posted on ‘research’ notice boards. I also enjoy supporting nurses in navigating clinical research and academic writing.

**How do you work with others to improve care through your research?**
Collaborative partnerships are essential to modern healthcare research. I have focused on forming closer working relationships with other clinicians researching and caring for people affected by mesothelioma. Many people with mesothelioma have a poor or uncertain prognosis and their needs remain under-researched. I am investigating care pathways and experiences of people affected by mesothelioma, with the aim of identifying areas for service development and testing a model of care which could improve experiences for people with cancer and their carers.

By combining clinical and academic elements in one role, I can remain sensitive to the current needs of people receiving palliative care.

**How do you cope with the challenges of your role?**
I hear many stories from people with cancer in my clinical role, some of which are very sad.

Meanwhile research involves the often slow and time-consuming processes needed to apply for financial sponsorship. Therefore it is important for me to retain equilibrium, which I do at work through fostering mutually supportive relationships with clinical and research colleagues, and with our Macmillan Development Manager, Maxine Astley-Pepper. Recharging my batteries outside of work, which includes working on my allotment, also helps.

There were early challenges in this role, mainly related to my approach to managing the agendas of several stakeholders. A leadership course was suggested by a senior nursing colleague, and soon afterwards I was selected to attend the East Midland Leadership Programme. The programme gave me insights into how to work to my strengths. It also gave me greater awareness of how best to understand and work with multiple teams and organisations. This has been invaluable in building my confidence and was pivotal in my decision to take a more proactive approach to this role.

**What are the rewards?**
Having contact with people affected by cancer and being able to make a positive difference to their quality of life remains central to my job satisfaction. To be able to combine this with the intellectual stimulation of research activities, together with supporting other nurses to bridge the clinical academic gap, is the icing on the cake.

**Reference**
Encouraging openness

Belinda Bentick shares her experiences of communicating with people towards the end of life.

As a Macmillan Nurse/Psychotherapist, I support people who have been diagnosed with advanced cancer. One of the biggest difficulties that people may undergo at this time is a lack of communication. This problem can occur with medical staff, as well as with families and friends.

Encouraging people to explore their fears and develop coping strategies can reduce spirals of negative emotions. Communicating these feelings is the most important step in accepting and dealing with them.

Understanding concerns

People may often have huge and understandable anxiety about how the details of their illness are communicated. Some feel their consultation time is too short or that there is neither the time, nor the place, for them to process the devastating news. As well as dealing with their own discomforts, people also report a need to deal with staff discomfort at having to give bad news.

As professionals, keeping these worries in mind can help us take steps to address them, by adjusting our approach to conversations and ensuring that environments are as comfortable as possible. Being openly supportive and encouraging truthful conversation can break down the barrier of anxiety that can inhibit communication. Passing no judgment and wholly listening to the person allows for a willingness to open up.

One should never equate physical incapacity with mental incapacity; people with advanced cancer do not want to be treated any differently than how they were before diagnosis.

The role of family and friends

There are many support systems available at the hospital, but the role of family and friends is crucial. Talking about emotions to loved ones is invaluable. However, even with those closest, it’s not always easy to speak candidly. For people with cancer, this isolation to those closest to them can create further anxiety and lead to feelings of guilt.

Relatives and loved ones can help in a number of ways, by listening and being supportive. It is however important that loved ones do not overlook their own needs, for this can lead to friction, which itself can shut down communication.

Providing support

People with cancer, their carers and their families can refer themselves for counselling, or ask a professional to refer them.

I am very fortunate to work in a centre that has been designed especially for people diagnosed with cancer. The Hamar Help and Support Centre is located at the Royal Shrewsbury Hospital. It provides a caring and supportive service for people with cancer, their relatives and carers living in Shropshire and Mid-Wales. At the end of their sessions, many people we support seem to have connected with their inner-strength and found a peaceful way of coping.

Macmillan and Marie Cure produce a booklet, End of life: a guide, which includes information to help people come to terms with their feelings and suggests what may help. You can order copies free from be.macmillan.org.uk
Volunteer companionship

Emerging from an international project, Alison Germain is coordinating a volunteer service that provides companionship and support at the end of life.

The ‘Care of the Dying’ volunteer service provides companionship to people who are dying in hospital and have no or few visitors, who would otherwise be isolated or alone.

It offers a connection to the community outside the clinical setting of the hospital; a compassionate support that complements the care provided by the clinical team. In addition, it supports families who are unable to visit, or those who are emotionally exhausted from their bedside vigil.

Clinical staff also appreciate the service. One staff nurse told us: ‘She [the patient] was so much more settled with your volunteer; she had spent so much time alone without any visitors.’

European inspiration

The service was initially piloted on six wards within the Royal Liverpool and Broadgreen University Hospitals NHS Trust and was developed from the work of OPCARE9: a European Union-funded project that included a focus on understanding the role of the volunteer in end-of-life care in several European countries.

A training programme aimed at enhancing volunteers’ life skills was designed, developed and delivered with the support of volunteer experts from Italy, Germany and the Netherlands. Nineteen volunteers completed the training. The service was offered over six months (October 2012–March 2013), followed by comprehensive evaluation in line with Medical Research Council guidance. Analysis of the data identified that the service was extremely beneficial, meeting its aims of providing an emotional and spiritual support to the dying, with support and reassurance for families.

Support from Macmillan

Following the successful pilot implementation, Macmillan has provided twelve months’ funding for my post as a full-time Volunteer Coordinator, which I started in October 2014. My role provides an exciting opportunity to further expand and develop this innovative and valuable service.

I am now looking to recruit and train another cohort of volunteers. This would increase the capacity of service provision and enable the volunteer team to support an increased number of people.

Extending our provision

With an increased number of trained volunteers, the plan is to expand the service from helping people in the last hours and days of life to those in the last weeks. This would extend support to vulnerable people who are isolated or feel unable to speak to friends or family members.

The volunteer service provides a model of best practice that could be replicated in other trusts and within other care settings. It has already attracted expressions of interest for future collaborative projects both nationally and internationally.

However, the powerful feedback received from relatives, ward staff and ‘Care of the Dying’ volunteers perhaps provides the most fitting testament to the true value of the programme. In March 2014, a bereaved relative and service user told us: ‘I have no doubt that you provided him with what he needed and wanted on his final journey… a caring and lovely friend… thank you.’

Further information

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0151 706 3727
Making progress with myeloma

Jamie Doolan describes the advances that have been made in understanding and treating this haematological cancer type.

Working as a Macmillan Myeloma Clinical Nurse Specialist, I often find myself explaining to people with cancer and their carers: ‘it’s myeloma, not melanoma’. Many have never heard of myeloma. And yet after non-Hodgkin’s lymphoma, myeloma is the second most common haematological malignancy. In the UK, an estimated 4,792 people were diagnosed with myeloma in 2011, while in 2012 there were 2,742 deaths from myeloma.1

During the past decade, several novel treatments have extended the average survival time for people with myeloma, from less than three years to more than seven years.

Unknown causes

Myeloma accounts for 10% of all haematological malignancies.2 It’s caused by malignant plasma cells, which increase in size and produce high amounts of a special protein. These proteins are referred to as monoclonal paraproteins (M-protein). Myeloma plasma cells reproduce and lead to ‘B-symptoms’ such as night sweats, an impaired immune system, lytic bone lesions and pain from skeletal involvement.

What causes plasma cells to become malignant in myeloma is unknown at the present time. The myeloma cells multiply and suppress the normal plasma cells, meaning large amounts of abnormal protein are produced.
Feature

Staging of myeloma
A lot of patients ask about staging of myeloma, which is based on two specific proteins in the blood, called albumin and beta 2 microglobulin (B2m).

The stages are:
• smouldering: myeloma with no symptoms
• stage I: early disease with no symptoms (albumin and B2m levels normal)
• stage II: multiple symptoms and more advanced disease (albumin is low or B2m slightly raised).
• stage III: multiple areas with myeloma cells and complex symptoms (B2m level higher than normal).

Making treatment progress
Myeloma was first diagnosed more than a century ago, but until fifty years ago, there were no known treatments. People with symptomatic disease develop fractures, severe bone pain, fatigue, infection and hypercalcemia. If untreated, people typically live less than one year.

The first breakthrough in treating myeloma came in 1963 with the introduction of melphalan, a chemotherapy drug. Melphalan combined with prednisolone (a steroid) increased the median survival time from less than one year to approximately three years. However, it was not until the 1980s that further progress was made, when high-dose chemotherapy combined with peripheral blood stem cell transplantation was introduced.

Since the dawn of the new millennium, the advances in novel agent therapy have been breathtaking. From thalidomide to velcade, lenalidomide and now pomalidomide, vorinistat and carfilzomib, the new use of treatments for myeloma is giving real hope that this once incurable disease may become a chronic condition and that patients may have a better quality of life.

Ongoing research
Important research into myeloma is being conducted in many university hospital medical centres and in various institutions around the globe. Each year, scientists find out more about what causes the disease and how to improve treatment. For example, research has shown that bone marrow-support tissue and bone cells produce growth factors. These increase the growth of myeloma cells. In turn, myeloma cells produce substances that cause bone cells to undergo changes that weaken bones. Such discoveries are helping researchers develop treatments that block growth factors and reduce bone damage.3

With ongoing research and drug trials, doctors are constantly learning more about myeloma, ways to prevent it, and how to provide the best care to people diagnosed with the disease. The use of conventional agents, novel agents, combination therapies and stem cell transplantation is responsible for improved outcomes. There is huge optimism for future treatment in myeloma.

With more emphasis on cytogenetic profiling, these advances will hopefully further define people at highest risk for rapid progression of their disease. Not only will this help to identify people who may benefit from the most aggressive intervention, but it may eventually lead to treatment regimes that are specifically tailored to the genetic profile of each individual’s myeloma.

Macmillan has a booklet aimed at people affected by cancer called Understanding myeloma. Visit be.macmillan.org.uk to order free copies. We also have a video about myeloma at macmillan.org.uk/cancerinformationvideos

References

The advances in novel agent therapy have been breathtaking.'
Helping GPs provide nutritional support

Lindsey Bottle was part of a group that developed Macmillan’s four nutritional top tip resources for primary care professionals.

Macmillan has a comprehensive set of ‘10 top tips’ resources for professionals working in primary care. These resources are developed by Macmillan GP advisers in partnership with professionals working in primary care. They cover topics ranging from managing fatigue and metastatic spinal cord compression, to supporting carers.

Earlier this year the decision was made to revise the existing 10 top tips for managing anorexia and cachexia, to ensure GPs have the most up-to-date and evidenced-based information on the nutritional management of people with cancer.

A working party was set up, including the two Macmillan GP advisers who worked on the original document, Dr Terry Bowley and Dr Stephen Bevan. I provided dietetic input along with Mhairi Donald, Macmillan Consultant Dietitian at Sussex Cancer Centre, and Sian Lewis, Macmillan Head and Neck Project Manager at the NHS Central Southern Commissioning Support Unit. We were ably supported by Andy Murphy, Support Coordinator for the Medical Communities of Influence Team at Macmillan, who facilitated the whole process.

Following a productive day in London last August, the decision was made to expand the information to a series of four 10 top tips about different stages.

Nutrition at each stage
Under the overall title of Nutrition for each stage of the cancer pathway, the resources are:
1. During cancer treatment
2. Post-treatment and recovery
3. Advanced cancer/end of life
4. Living with and beyond cancer

The first three resources also look at how and when to access starter packs of nutritional supplements, if required. They signpost to Macmillan resources aimed at people affected by cancer, including the Healthy eating and cancer and The building-up diet booklets.

The fourth ‘Living with and beyond cancer’ tips are taken from Macmillan’s Eat Well, Feel Good learning and development toolkit, which was produced by Jill Scott, a dietitian and Macmillan Associate Learning and Development Manager, in collaboration with the British Dietetic Association (BDA). The tips use recommendations from the World Cancer Research Fund and the American Institute for Cancer Research.1

BDA endorsement
The tips have all been endorsed by the BDA and the BDA Specialist Oncology Group. They were launched at the Macmillan Primary Care Conference last November, attracting much discussion. Many of the GPs commented that they do not have access to specialist oncology dietitians, and so were very positive about how these resources can be used in practice to help both them and people with cancer.

We hope that these tips will help to raise the profile of nutrition in people affected by cancer, while enabling all healthcare professionals to have conversations about food and diet.

The tips can be accessed on the Macmillan website at macmillan.org.uk/gpresources.

Reference

Further information
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Nutritional care for children with cancer

Caroline Oates celebrates the impact that two years of Macmillan funding had on dietetic care for children with cancer in Woolwich.

I am a Macmillan Dietitian working in a Paediatric Oncology Shared-Care Unit based on Tiger Ward at the Queen Elizabeth Hospital, Woolwich. We are responsible for the ambulatory care of about 60 children receiving active treatment for their cancer, who also attend a Primary Treatment Centre.

As well as managing acute episodes, my emphasis is usually on survivorship. Good nutrition is essential, so that children can grow as normally as possible, and diet-related difficulties later in life are minimised. I also provide post-treatment support as needed until the age of 18.

Shared-care units usually access a dietitian as part of a general paediatric caseload. My post is therefore novel, created because the oncology caseload was exceeding the availability of the general dietitian. The benefit of me being allocated solely to oncology is that children receive an increased level of prophylactic input, rather than just being treated for acute presentations.

Positive impacts
Macmillan provided the initial two years of funding for the post, and permanent NHS funding is now in place. The two years of Macmillan funding have given very promising results. Most notably, I used family questionnaires to assess the parents’ perceived impact of my post at baseline (19 respondents), and again after one year (11 respondents). The responses show that the parents feel the new service has had an extremely positive impact. The improved responses between 2013 and 2014 are shown below:

- Do you feel your child’s nutritional needs have been met? 68% to 91%.
- Is your child well nourished with a positive impact on their general well-being? 42% to 64%.
- Is your child poorly nourished with a negative impact on their general well-being? 26% to 0%.

Introducing i-Wave
On beginning the post, numerous concerns about the catering provision were immediately presented to me. I used surveys again to formalise this feedback, and worked closely with our catering team to overhaul the catering system. The initial system involved bulk regeneration at ward level, which was associated with unappetising, under/over-cooked meals, food being served cold, and lack of variety. The outcome of this work is the implementation of i-Wave, a new system that reheats meals on an individual basis.

Now the children can choose from the full range of 14 hot main course options at any meal, which are freshly heated and taken to them immediately. Feedback pre- and post-iWave implementation demonstrates improved presentation, taste, temperature, palatability, variety, and overall quality. Parents now feel less need to bring their own food in which represents a cost saving to them.

Maintaining progress
I aim to continue improving my knowledge, ensuring all children have routine access to this service and using dietetic outcome measures to identify areas for further improvement. I also want to work with Macmillan to see how I can provide information in people’s own languages in this ethnically diverse area. Macmillan’s funding has now ended but the relationship has not, and I remain grateful for Macmillan’s expertise in the future development of this young service.

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Holding a health and well-being event

The Cancer Education, Information and Support Service in Buckinghamshire on running a successful day for people to participate in their recovery.

Health and well-being events are education and information days that enable people living with cancer and their families to take control and participate in their recovery. They are one part of the Recovery Package: a series of interventions which, when delivered together, can greatly improve outcomes for people affected by cancer.

Following a ‘bite sized’ training session from Macmillan on how to set up a health and well-being event, a working group came together to develop plans for one at the Buckinghamshire Healthcare NHS Trust.

The working party consisted of 14 professionals: three members of our Cancer Education, Information and Support Team, three Macmillan clinical nurse specialists, a Macmillan dietitian, a Macmillan principal clinical psychologist, a trainee clinical psychologist, a Macmillan Citizens Advice Bureau outreach worker, a Macmillan development manager, two volunteers and a patient representative. Nine one-hour planning meetings took place between June and November 2014.

We had a budget of £1,500 from Macmillan for the venue and refreshments. Over 3,000 invitations were sent out, via GP surgeries, leaflet drops and invitations from CNSs to their patients.

On the day
The event was held last November at Stoke Mandeville Stadium, Aylesbury with over 80 patients, relatives, carers and friends attending.

A programme of informative talks ran in parallel with the fantastic market place, which hosted forty stands. Stallholders included Macmillan services and a range of external services, including beauty advice from Look Good, Feel Better; physical activity and nature organisations like Simply Walks and the National Trust; health charities such as Lymphoma Association and Diabetes UK; and support groups such as the Lavender Girls gynaecology group and BreastFriends. The day also featured Tai Chi and complementary therapies.

We had a great team of helpers, including people affected by cancer, volunteers and a local secondary school student studying event management.

Value for attendees
Attendees were entered into a free raffle (with prizes donated by stallholders) on receipt of their completed evaluation form. 53 forms were returned.

The talks were fully booked on the day. More than 90% of attendees evaluated them as excellent to good. 100% of attendees to the market place evaluated it as excellent to good.

One attendee wrote: ‘The seminars were really excellent, wished I’d signed up for more.’ Another wrote: ‘Lots of advice, exactly what we needed.’

Benefits for stallholders
This event was an excellent networking opportunity for stallholders. 95% said their overall experience was excellent to good and 100% would return if a similar event was held.

One stallholder said it was: ‘the perfect opportunity to make direct contact with cancer support groups and wider voluntary and community groups.’

Although this successful event was a first for us, we have learnt from this experience. If we hold a similar event in the future, we can use this experience, and the feedback from visitors and participants, to develop these events and make them more successful.

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Survivorship support
Macmillan counsellors Elaine Heywood and Jacqueline Ullman on health and well-being events

Since 2009, we have been running cancer survivorship events at the Royal Free Hospital, of the type that are now commonly known as health and well-being events. Macmillan funding was granted in 2014, when we moved the events to outside the hospital and expanded the programme to include carers.

Held twice a year, the events are designed to link with other services offered within the cancer centre, including one-to-one counselling, information, benefits advice and complementary therapies.

The events are for people who have finished their active treatment, and have a medium to long-term life expectation. The clinical nurse specialists in the oncology department provide lists of people who would be eligible to attend. On average 18–25 people attend each event.

Content
Speakers cover a range of topics, including relationships, returning to work, coping with body image, dealing with the physical effects of treatment, fear of recurrence, and planning for the future. The realisation and acceptance of having to make changes, however small in one’s life, can be a burden. Most people want to ‘get back to normal’ and helping people to accept the ‘new normal’ is key.

There is an opportunity to add topics if attendees agree to this. Last year we modified the above programme by adding a talk from a physiotherapist on fatigue, a talk from a benefits adviser on going back to work rights and benefits, plus one-to-one sessions as needed.

Carers were also invited and had a separate group to discuss the topics outlined above. The response from carers was: ‘it was good to be heard and have our feelings validated and valued’. They particularly enjoyed being able to talk with other carers.

Evaluation
Through completed feedback forms, we know that the events are evaluated as beneficial by the overwhelming majority of those who attend. They fit well into the current literature, which suggests that coping with the emotional impact of cancer, coping with uncertainty and fear of recurrence, and difficulty in planning for the future are all issues for people with cancer and their friends and family.1

The events are an important adjunct to the counselling service, with over 90% of those attending not having used the counselling service before. An average of 14% of people go on to have one-to-one sessions following the seminars.

Our model for these events is adaptable and was successfully used at a neuroendocrine event, which shows it can be incorporated into cancer site-specific days.

Reference
Evaluating a late effects pathway

How the cancer survivorship steering group at The Christie tested the effectiveness of an innovative role.

A pilot project was set up at The Christie NHS Foundation Trust to test the effectiveness of a Macmillan Late Effects Coordinator (MLEC) role. The aim of this role was to coordinate holistic assessment and management for those with possible unmet needs following pelvic radiotherapy, promoting supported self-management and signposting to additional help with the consequences of treatment.

Why was the role introduced?
Professional champions across services within The Christie established a cancer survivorship steering group, including staff and people affected by cancer, to promote improvements in the experiences and outcomes for people in the months and years following their treatment. The survivorship project team (members pictured below) proposed the pilot.

What the pilot involved
The pilot ran from June 2013 until May 2014. Thirty-six people were referred to the MLEC pathway by three Christie teams (gynaecology, urology, colorectal). Those referred had received treatment more than 12 months previously and were experiencing ongoing symptoms and concerns.

As the MLEC, I undertook a holistic assessment in partnership with each person referred. The Macmillan ‘identifying your concerns’ checklist (part of the Assessment and Care Planning Folder) formed a person-centred starting point. Guided interviews and tools such as the Hospital Anxiety and Depression score and the Fracture Risk Assessment score helped prioritise each person’s needs.

Care-planning was informed by nine management plans that had been previously agreed between Christie experts and the MLEC. These included plans for common problems following treatment.

The MLEC pathway included three face-to-face contacts in locations close to patients’ homes, supporting a partnership approach. I made referrals for ongoing symptoms, discussed a Life Ahead Plan and promoted self-management.

Our findings
On a scale of 1–10, with 10 the most beneficial, most patients rated their experience of the MLEC pathway as 10, stating that it made them feel ‘listened to’, ‘supported in their own initiatives for self-management’ and ‘less powerless’.

The pilot demonstrated that listening and acknowledging concerns and simple signposting can avoid more complex problems building. People felt empowered and confident after MLEC input. They felt encouraged to continue to self-manage.

Lasting influence of the role
The learning from this pilot was shared from an early stage with stakeholders nationally and across Manchester. It has informed an innovative, city-wide, commissioning-led collaborative funded by Macmillan to improve patient experience and outcomes. Activity focuses on the facilitation of holistic needs assessment and care planning, signposting and improved communication including treatment summaries. The Manchester Cancer Improvement Partnership is enabling improved patient experience, and outcomes, supporting best practice for people and their loved ones throughout the pathway of treatment and care, helping them to live life to the full with and beyond treatment. We hope to share these exciting developments in a future Mac Voice article.

References
1. Kings Fund. Time to think differently. (kingsfund.org.uk/topics/patient-experience)

Further information
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    Support Programme Manager
Identifying and supporting carers

Across the UK, over one million people look after a family member or friend with cancer.

Looking after someone with cancer can affect a person’s own health and well-being. Yet half of people in this position don’t receive any support with caring, and half don’t see themselves as ‘carers’. As a result they may miss out on vital support, including local authority carer’s assessments (the gateway to statutory support). Currently only 5% receive a local authority carer’s assessment, but this may soon change.

In England, since April 2015 and under the new Care Act, all carers are entitled to a carer’s assessment.

The Care Act

In England, the Care Act replaces most current laws regarding carers and people being cared for. It outlines how local authorities should carry out assessments, determine who is eligible for support, and charge for care. Under the act, local authorities and health bodies must work together to identify and support carers.

In your role, you may be in touch with carers on a daily basis, so you are ideally placed to identify and signpost them to support – and we are in an ideal position to help you.

Guidance for you

We’ve designed some practical guidance to enable quick and easy signposting to services, such as a local authority carers’ assessment, support from Macmillan, and local carers’ centres. The guidance is available online and in hard copies.

Visit macmillan.org.uk/professionalresources and click on ‘supporting carers’. And you can also pass on Macmillan’s support offers for carers through our Do You Look After Someone With Cancer? leaflet, which you can order at be.macmillan.org.uk.

The following articles in this section outline examples of the types of support services you can signpost carers to, and the positive impact these services can have on meeting the needs of carers.
Helping carers through a volunteer service

Macmillan Excellence Award winner Marnie Enever on volunteers and the importance of identifying carers.

In October 2012, Macmillan and Crossroads Care East Kent created a new volunteer support service. The remit was broad: to meet the unmet needs of people affected by cancer.

We didn’t want to create a straightforward befriending service. There were many in the area already, so practical support was identified as the best approach. I was acutely aware, however, that out of practical tasks comes befriending and companionship.

Those needing assistance are signposted by health and social care professionals, family members or friends. We then conduct a needs assessment via a home visit, and match the need with an appropriately trained and supervised volunteer. They help with everything from pet care to light shopping, light housework and giving lifts to health appointments.

The service is successful because it is quick to respond, flexible and tailored to individual requirements. People often say this is the first time their needs have been listened to. The service is also responsive to the needs of volunteers, so they feel valued and supported.

Impact on carers
The needs of carers are complex and often acute. Through our service, carers are receiving support that they wouldn’t otherwise be able to access. As our volunteers help people with cancer, their carers can be identified and supported. Great needs are often uncovered. Sometimes the carer has cancer or another illness themselves and needs help. Our volunteers try and understand the dynamics of a situation. They help people realise they might be a carer.

Some carers have taken on the role of carer over a period of time. For others it has happened overnight. Often, although people won’t answer ‘yes’ to whether they consider themselves to be a carer, they can identify support they would like from us or another organisation.

We think very carefully about the language we’re using. My tip for health and social care professionals would be to listen to the message behind the words. Acknowledge the often difficult shift in perspective as people realise they are now a carer. It is also important to look out for carers who may be less apparent, for example those who aren’t the partner of the person who is ill.

Paul’s story
‘My wife suffers from terminal cancer and is also in the early stages of dementia. Being a carer 24/7 is warring and stressful and this combined with lack of sleep night after night left me exhausted. That is until the Crossroads Care ‘cavalry’ rode in to the rescue and provided caring support, enabling me to leave the house for several hours at a time to blow away the cobwebs. Without Macmillan Crossroads support team I would by now have reached the end of my tether. Now I can at least move forward in the knowledge that this marvellous team of people can move in at very short notice to help relieve very difficult situations.’
Meeting the wider needs of carers

Do you have a local carers centre? Paula Hall explains how her service in South Wales is meeting holistic needs.

Staff at the Bridgend Carers Centre support carers in a variety of ways, but at the core of our service is the provision of person-centred, one-to-one support for anyone who is looking after someone with an illness. This support can be provided either at home or in the centre.

Our premises offer a comfortable space for those who visit during our twice-weekly drop-in sessions, while a large meeting room hosts regular training sessions and events. These sessions include monthly ‘legal surgeries’ that help carers understand their rights; health and well-being events; and ‘looking after me’ sessions that help carers acknowledge ways to take care of themselves. A small, private room is available for counselling and support.

In addition we can arrange respite opportunities to give carers much-needed breaks: social events, coffee mornings, pamper days, theatre trips, walking sessions, reading groups, and tai chi and mindfulness classes, to name just a few.

We are well-connected to other services and have outreach services at the Princess of Wales and Velindre Hospitals. We work alongside all 19 GP practices in the borough to ensure they are aware of our services and able to signpost carers to us.

My role
As a Macmillan Family Information and Support Officer, my role is to offer holistic support for people and families who are affected by cancer or other life-limiting illnesses.

Caring for somebody with cancer can have a huge impact on all the family. I can provide carers with emotional support at home, at the centre, or over the telephone, while also helping with any practical issues they are facing.

Jenny’s story
Jenny has been a member of Bridgend Carers Centre for several years, as she cares for her teenage son who has a disability. She is a single parent with two boys and had been supported by her father Jack throughout. She said her ‘world fell apart’ when earlier last year, Jack was diagnosed with terminal stomach cancer.

Jenny was distraught and wasn’t coping with the prognosis. She asked me to attend a meeting with Jack’s consultant at the hospital. I took notes, comforted Jenny and explained afterwards what had been said. Jenny said having things written down and taking the information home with her had helped immensely.

When I met Jack with Jenny, he explained that his final wish was to take all his children to Weston-super-Mare for an overnight stay and a fish and chips supper. I arranged for a Macmillan Benefits Adviser to visit Jack and apply for a Macmillan Grant that paid for the trip.

To add to her worry, Jenny had also found a small lump on her breast and was awaiting investigations at the hospital. I offered ongoing support and Jenny said that she ‘wouldn’t know how she would have coped’ without the support from myself and the centre.

I arranged for Jenny to attend a spa day at the Towers Hotel, funded through Carers Trust. Jenny was able to meet other carers and had some time for herself. Her comments after the spa day was that it was a ‘life-saver’.

Further information
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In the UK there are around 177,000 identified children and young people who provide some level of unpaid care to another family member.

Being a young carer can have a significant impact on a young person’s emotional and physical well-being; causing stress and worry, and affecting school work, free time, and relationships with friends and family. If a young carer is looking after someone with cancer, the fluctuating nature and pace of the disease often means they need urgent support. We know that young carers are even less likely to identify themselves than adult carers, and therefore they may miss out on the support that is available to them.

This article highlights two Macmillan partnership programmes that are helping young cancer carers, and explains what you can do to help. We need you to identify young people affected by cancer, and signpost them to our resources.

Newry and Mourne
Since 2012, two part-time Macmillan Support Workers have been helping carers of people with cancer right across the Southern Health and Social Care Trust area in Northern Ireland. This is part of the Newry and Mourne programme – a partnership between Macmillan and the Carers Trust that offers a range of support to both young and adult carers. The help on offer includes emotional and practical support, training and respite advice. So far the programme has supported 400 families.

Sean Caughey, Operations Manager for the programme, explains why early intervention can be vital with young carers: ‘If young carers aren’t identified and supported early, their caring role can take over, limit their opportunities in life and ultimately damage their health. Later on, as young carers become young adults, their responsibilities can increase. Just when their horizons should be broadening, they find themselves faced with barriers to college, university, training and employment.’

As Sean says, many young carers are worried about school, relationships with family and friends, work or money. These topics are covered in Macmillan’s young carers booklet *A guide for young people looking after someone with cancer*.

South Tyneside
Macmillan’s Carers Support Programme has recently worked with the Carers Association in South Tyneside (CAST) to update *A guide for young people looking after someone with cancer*, and to create a new film for young cancer carers. Our film meets young cancer carers and highlights the importance of access to services such as those offered at CAST in helping young people feel supported.

CAST works extensively with young carers, including helping in school and running support groups for young people of all ages. June, CAST Macmillan Schools Coordinator, says: ‘We can’t take away people’s illness, but we want to see somebody who knows they can access support and cope with their caring role’. The work at CAST is very successful because it undertakes extensive awareness-raising work to identify young carers, and has built very strong relationships with schools and local youth organisations.

Order *A guide for young people looking after someone with cancer* and watch the film at [macmillan.org.uk/youngcarers](http://macmillan.org.uk/youngcarers). To find out what young carers services are available in your area call the Macmillan Support Line on **0808 808 00 00**.

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Crossword

Clues across
1 Stockbroker or market dealer
7 Football trainer
8 Golden sporting dog?
9 Make corrections
10 Jetty or wharf
12 Grape plant
13 A winter fall
14 Intravenous feeder used in hospitals
15 Nourishment
16 Put into practice
17 Outfit or costume (3-2)
19 Foot treatment for corns and bunions
21 Bobbin
22 Indiscriminate

Clues down
1 Amsterdam bulb
2 A shortened form
3 A puzzle in the form of a question
4 Waste metal
5 Secure and unharmed (4,3,5)
6 Dark reflection
11 Tear violently
13 French coin
14 Absorb food
15 Documents file
16 Pie fruit
18 Vision

Resources

Updated

A guide for young people looking after someone with cancer
MAC13009, 3rd edition
Help and advice for young people aged 12–18 who are caring for someone with cancer. Previously called Let’s talk about you.

Financial guidance series
The booklets in this series discuss personal financial issues and signpost to Macmillan’s financial guidance service. The series includes:

- Financial planning (MAC14282)
- Housing costs (MAC14650)
- Insurance (MAC14285)
- Managing your money day to day (MAC14283)
- Pensions (MAC14284)
- Sorting out your affairs (MAC14286)

Help with the cost of cancer
MAC4026, 13th edition
Updated for 2015–2016, this popular guide explains what benefits may be available and how you can get this help.

Planning your care and support – having a holistic needs assessment
MAC12957, 3rd edition
A leaflet that explains what to expect from a holistic needs assessment and how to prepare.

Understanding ductal carcinoma in situ (DCIS)
MAC12870, 3rd edition
Explains an early, non-invasive form of breast cancer called ductal carcinoma in situ (DCIS). It covers the causes and symptoms, diagnosis, staging and grading, treatments and how to cope with it.

Understanding lung cancer
MAC11632, 15th edition
A booklet explaining lung cancer, covering the causes and symptoms, diagnosis, staging and grading, treatments and clinical trials.

Understanding womb (endometrial) cancer
MAC11656, 10th edition
Explains womb (endometrial) cancer, covering causes and symptoms, diagnosis, staging and grading, treatments and clinical trials. It also looks at emotional, practical and financial issues.

Talking about cancer – a guide for people with cancer
MAC11646, 7th edition
Aims to help people with cancer talk about their illness and understand other people’s responses. It explores the value of putting feelings into words, and lists organisations you can turn to when you need to talk.

Order free copies
Visit be.macmillan.org.uk or call 0800 500 800. Some of our resources are also available as audiobooks.