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Carol Maughan | Jackie Rhind
Ian Assouag | Beverley van der Molen
Louise Parrott | Bohga Hamour
Paul McKenna | Margaret Leach

We welcome feedback!
Let us know your views on Macmillan Voice or have your say on any of the topics. Email macvoice@macmillan.org.uk or write to Macmillan Voice, Macmillan Cancer Support, 87 Albert Embankment, London SE1 7UQ

Writers (and thinkers) wanted
Macmillan Voice is for you. So we want to hear your views and ideas. If you have an issue to raise or some news to share, please tell us about it.

We’re also looking for new writers to contribute articles. You can write about the issues that matter to you and share your knowledge with other Macmillan professionals. You don’t need to be an experienced writer to get involved in Macmillan Voice. We can help you turn your idea into a news item (up to 300 words) or feature article (up to 500 words). All you have to do is get in touch.

To find out more, email Katie Woolley at katiwoolley@gmail.com or call her for an informal chat on 07810 252658.

Prescription charges review

The Government’s long-awaited review of prescription charges should finally have been launched by the time you read this. However, we anticipate that the review will fall well short of abolishing prescription charges for people with cancer. This is because the Government has previously stated that no extra money will be spent on the prescriptions budget. This is because the Government has previously stated that no extra money will be spent on the prescriptions budget. We aim to do this by campaigning for the Government to adopt policies that ensure people with cancer on low incomes no longer have to worry about paying for vital prescriptions.

If you know a person with cancer who has difficulty paying for their prescription and they are willing to share their experience, please contact campaigns@macmillan.org.uk.

Their story can help support our campaign and will help other cancer patients in the future.

‘The aim is that the implementation will enable staff and professionals to be more confident working in this area. The strategy is a central part of Macmillan’s overall commitment to address inequalities across the eight equalities strands but also to address inequalities which fall outside of the strands. Equality and diversity is key to the values and ethos of being part of Macmillan.’

Further information
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WE VALUE EQUALITY AND DIVERSITY

In a first of its kind, Macmillan has approved a new Equality and Diversity Strategy to address equality issues across all of Macmillan’s activities, with a specific focus on service provision. The strategy aims to mainstream equality and diversity across Macmillan as a whole, but with an emphasis on linking all the Directorate through equality work.

Macmillan rose to the challenge over two years ago to expand our approach to equality and diversity to include and extend beyond black and minority ethnic issues. Equalities legislation outlined eight equalities strands: age, race, faith, gender, disability, sexual orientation, and in Northern Ireland political opinion and having dependants, which formed the framework (along with other identified inequalities) for Macmillan’s activity. The strategy development involved all regions and nations, as well as partners to consider the main issues and how to align them in the context of cancer. This strategy also aligns itself with other internal and external strategies, including the recently approved Cancer Reform Strategy (England) and the sub-strategies of the Improving Cancer Services Directorate.

Macmillan professionals will be supported with the introduction of equality and diversity guidance, training and learning tools. You may first experience the implementation of this by the introduction of Equality Impact Assessments, where an initial pilot will be undertaken with a selection of Macmillan services. Tools will be developed and support given to anyone involved in these assessments. Melanie Lee, Macmillan Equality and Diversity Strategy Manager, is keen to stress that this strategy is about empowerment. She says:...
The Macmillan palliative care team at Walsall Hospitals NHS Trust has won an award at the 10th Walsall Lifelong Learning Awards, in March 2008. The awards recognise achievement and partnerships taking place in Walsall. There are 16 sponsored categories, covering the whole range of learning, community development and regeneration.

The team won for developing a new educational pathway for staff nurses. This has enabled Shareen Juwle, a band 5 staff nurse, to progress via secondment to a clinical nurse specialist development post. Over the next three years Shareen will receive both formal academic and on-the-job training to become a competent, highly skilled practitioner educated to Masters level working in the field of specialist palliative care. The palliative care nurses, lead cancer nurse and consultant in palliative medicine worked together as a team to develop this innovative learning package and have secured funding for the next three years. This is a first for Walsall in the healthcare sector! The event was hosted by Sue Beardsmore, former BBC Midlands Today presenter, and Jo Brand was also present to entertain, present certificates to the nominees, and awards to the winners.

The Macmillan palliative care team, from left: Shareen Juwle, Glen Mitchell, Pat Bennett, Lou Hunwick, and Dr Heather Morrison.

Further information
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Manor Hospital, West Midlands
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The founder member of a Macmillan service providing specialist end-of-life care to people in Solihull and across the borough has retired after more than 20 years. Sue Harris, Clinical Nurse Specialist, was the first nurse to be appointed to the service within Solihull NHS Care Trust.

On her retirement Sue said: ‘The name Macmillan is held in great respect and I have been very proud to be a Macmillan nurse. It opens doors and makes things happen. I am going to miss so much of the job: not making things worse, but at least more bearable by helping people live life with the best quality possible and when the end of life does come, achieving as much dignity and choice as possible.’

Sue has supported hundreds of local patients and their families since setting up the service in 1986. She will always be remembered for her dedication to improving palliative care, her wisdom, and her caring approach to all that she does. ‘We wish Sue a long, happy and healthy retirement.’

Solihull NHS Care Trust’s Macmillan service was set up in June 1986 with a team of one – Sue Harris. Over the past 22 years Sue has seen the service grow to include five specialist nurses and an administrator.

Further information
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It all adds up

By now you should have received your copy of our new financial capability toolkit, It All Adds Up. The toolkit, which has been funded by the Financial Services Authority (FSA) as part of the National Strategy for Financial Capability, provides a resource to help trusted intermediaries who are not financial experts provide information and support on a range of money issues such as debt, insurance, savings and investments.

The toolkit is designed to help anyone who wants to manage their money better. We see this as a natural extension of our Better Deal campaign, which aims to get a better financial deal for people affected by cancer.

As well as general information, it specifically highlights financial problems and solutions relevant to people affected by cancer. Each section is accompanied by a short leaflet to be given away which summarises the main facts in the guidance. We have worked with Macmillan Professionals and financial experts to produce this product and its effectiveness is important to us. Both the FSA and Macmillan Cancer Support want to understand how you use the toolkit and how we might develop it in the future. We would therefore welcome any feedback you can give us.

This might include:

• keeping a simple note of how often you make use of the contents or how many leaflets you distribute
• completing our evaluation questionnaire, which we will be sending out towards the end of May
• taking part in an evaluation workshop.

You can also email the campaigns team at any time on campaigns@macmillan.org.uk

Additional copies of the toolkit can be obtained through our website at be.macmillan.org.uk or by calling 0800 500 800.

New Belfast centre helps over 7,000 people affected by cancer

People affected by cancer from all over Northern Ireland have attended the Belfast Macmillan Support and Information Centre since it opened just over a year ago. So far over 7,000 people have made use of its services, including clinical psychology and counselling, complementary therapies (aromatherapy and reflexology), a welfare rights service, a wig fitting service and information resources.

The centre is the product of a partnership between Macmillan, Belfast City Hospital (Belfast Health and Social Care Trust), Action Cancer, the Friends of the Cancer Centre and Ulster Cancer Foundation. Macmillan spent £1.3 million on fitting out the cancer centre, and we have joined with other charities and the Trust to fund its services.

Angela Scullion, from Lurgan, has been attending the centre since she was diagnosed with breast cancer in January 2007. She said: ‘The centre has been a real source of comfort for myself and my husband. We really don’t know what we would have done if it hadn’t been here to help us.’

Further information
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Email rachel.holland@belfasttrust.hscni.net

Money management for community nurses

Money Management CD: A QNI resource for community nurses

Money Management CD - a QNI resource for community nurses is a new CD-ROM produced by the Queen’s Nursing Institute to empower community nurses to plan for their financial future. It has recently been shortlisted for the 2007 Third Sector Excellence Award. But how useful is this new financial planning aid in reality? Jan Siddall, Macmillan nurse at Sheffield Teaching Hospitals NHS Foundation Trust, road-tested it for us.

The CD covers 10 main topics, including debt and debt management, redundancy/early retirement, benefits, pensions and changing jobs. It claims to:

• Explain the basic terminology of pensions, contributions and benefits by guiding you to booklets and websites.
• Encourage you to take action by making full use of the information and professional help that is readily available.
• Evaluate the actions you have taken and reassess your financial future as your personal and professional circumstances change.

Although Jan found the CD quite useful and the information was given clearly, she also found it fairly basic and would have liked it to go further. ‘It really only signposts you to where to find the information, rather than actually providing it directly,’ she says.

Jan was particularly keen to look at pension arrangements. ‘The CD gave a good tip on how to calculate your lump sum,’ she reports, ‘but then it suggested moving to another site where you would have to trawl through all the information. If you were going to take it seriously you would need to invest a lot of time to check through all your personal details then find the relevant information.’

On balance this is a resource that could well point you in the right direction, but don’t expect it to solve all your financial queries in one go. Registered community nurses interested in receiving a free copy of the CD-ROM should email moneymangement@qni.org.uk.
BAE Systems volunteer project

The community-based Macmillan Information and Support Manager Ian Ainscough is always on the lookout for new ways to help and support those living with cancer, so when he was approached by Wendy Askew from the Macmillan volunteering team to be a part of the BAE Systems Charity Challenge programme, he seized the opportunity.

Ian was approached by Wendy Askew from the Macmillan Information and Support Manager, Beechwood Cancer Care Stockport. Tel 0161 477 8351. Email ian@beechwoodcancercare.co.uk

For further information on working with corporate volunteers contact: Wendy Askew, BAE Systems Involvement Coordinator. Tel 01925 846757 or 07734 384460. Email waskew@macmillan.org.uk

In this issue of Macmillan Voice you should have received a CD-ROM. It contains an electronic version of our Cachexia Pack, produced as a result of a partnership between Macmillan and County Durham & Darlington Acute Hospitals NHS Trust.

The pack, the result of three years’ hard work by a Durham-based team with support from professionals around the UK, is an evidence-based guide to the management of symptoms related to anorexia-cachexia syndrome (ACS) in people affected by cancer.

We hope you will use this pack and disseminate it to others who may benefit from it. It is designed to give you a framework to be able to implement a system of managing cachexia in your organisation. It is not just a learning resource to sit on shelves. All documents within the pack are available on the enclosed CD-ROM for local adaptation and reprinting. You can add your organisation’s logo to the documents and print out appropriate numbers of the materials, depending on the needs in your area.

Although the pack aims to give as much flexibility as possible and you can use it within your current documentation and systems of care delivery, some areas are ‘locked’ where alteration would significantly alter the use of the tool.

The Macmillan Durham Cachexia Pack:
• is a resource for professionals, to guide them in the assessment and management of common problems seen in patients with ACS
• has been developed by a multi-professional team and pulls together resources relevant to the management of ACS
• is intended to facilitate timely screening, assessment, intervention and/or referral to relevant health professionals in order to manage the physical, psychological and emotional impact of ACS more effectively
• has been developed using the evidence base where possible, or current best practice in the absence of an evidence base
• is a guide and is not intended to be prescriptive. Parts can be adapted according to local policy and developing evidence
• concentrates on managing the consequences of ACS rather than treatments intended to influence the underlying pathophysiology.

The pack is meant for:
• all patients with advanced cancer
• all patients with lung cancer, regardless of stage
• all patients with upper gastrointestinal cancer (oesophago-gastric or hepato-biliary), regardless of stage.

The basic principles could be used in patients with cachexia from non-malignant conditions such as heart failure, but the evidence base for this pack, together with the experience with its use, is predominantly from work and research in patients with cancer.

We understand that in order for this resource to have the greatest impact, the way in which it could be implemented within your area may vary. We have therefore also sent each cancer network in England a pack and asked how they would like to lead on the implementation of it locally. Key organisations in Scotland, Northern Ireland and Wales will also be asked to look at their needs in relation to the pack.

The team were delighted to win second place at the national Pharmaceutical Care Awards 2007.

The team behind the Macmillan Durham Cachexia Pack, from left: Stephen Williams, Sir Cyril Chantler, Chairman of the King’s Fund and Great Ormond Street Hospital, presenting the award; Inga Andrew, Graeme Kirkpatrick, Kerry Waterfield, Collette Hawkins.

The resources in the pack are also available on the Learn Zone at http://learnzone.macmillan.org.uk

Further information Stephen Williams Macmillan Development Manager East Midlands and Northern England Tel 01429 278846. Email swilliams@macmillan.org.uk

Fifth birthday celebration for carers project

A Macmillan carers project that has helped almost 650 people in West Dunbartonshire is celebrating its fifth birthday.

The service, set up to offer support to people affected by cancer, has been in constant demand since it opened in 2003, and project coordinator Gina McGechie says the service just keeps getting busier. ‘Since the service began five years ago we have worked with 641 people – and 182 of them have just come to us in the past year. More people than ever are living with cancer, which means services like ours are needed more than ever."

The Macmillan Carers Service was opened in early 2003, with the aim of making it easier for people with cancer to stay in their own homes. Some of those referred to the project are isolated and have no family or friends to help them cope. Others have a family member who acts as a carer, and use the project to ensure their carer has a few hours to themselves each week.

The project tries to respond to the needs of each individual, which means that its 20-strong staff take on a wide variety of tasks, from helping people with minor household jobs, to supporting people to get out of the house.

Gina added: ‘Our service is so important because it gives people and their carers the support they need to choose whether someone with cancer should remain in their own homes. Our clients know they can rely on us and that we are here to help with everything from practical needs to emotional needs.’

Further information Gina McGechie Macmillan Carer Organiser Tel 01389 608010 Email gina.mcgechie@westdunbarton.gov.uk

What is cachexia?

Cachexia is the involuntary weight loss associated with certain diseases, of which cancer is one. In practice, it is usually seen within the anorexia-cachexia syndrome. ACS is under-recognised and the symptoms associated with it are under-reported by patients and often not addressed by medical and nursing staff.

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The team were delighted to win second place at the national Pharmaceutical Care Awards 2007.
Ashley Davis

Why was the post created?
My post was created through collaboration between the Dorset County Hospital Foundation NHS Trust and Macmillan Cancer Support. The Trust’s Chief Dietitian, Lead Cancer Nurse and Regional Macmillan Service Development Manager identified that many patients are at risk of malnutrition due to underlying conditions and/or treatment modalities. There is a need for a dedicated dietetic service for adults with cancer across West Dorset, the priority being nutrition support.

What is your background?
Before my clinical career, I worked in the leisure and fitness industry. My interest in nutrition and wellbeing led me to study for a degree in Nutrition and Dietetics. I graduated from King’s College London in 2002 and completed clinical training at the Royal Brompton Hospital, with a brief spell at the Royal Marsden Hospital, both in London. During my first two clinical posts I focused on nutrition support.

What does the role involve?
I cover a large geographical area, working strategically as an expert resource within existing healthcare teams and across healthcare boundaries. I can’t see all patients with a cancer diagnosis and have to prioritise the more complex cases. However, I have developed referral criteria, care pathways and nutritional care guidelines for a wide variety of healthcare professionals.

What are the biggest challenges?
The hardest part is to elicit changes in other people’s practice. I strive to convince people of the benefits of my proposals of how best to meet patients’ nutritional needs. In turn, I have to be mindful of what is likely to work best for patients and there is often something to be learnt from my professional colleagues.

What is most rewarding?
Our patients are often extremely motivated. It’s very rewarding to know that I’ve helped them to help themselves. The autonomy afforded by this specialist role enables me to make a tangible difference to people’s lives. Also, I work alongside many dedicated people and our shared enthusiasm fosters motivation.

What have you been involved with since you started in post?
I’ve benefited hugely from Macmillan’s Role Development Programme – an educational programme aimed at supporting the transition from more generalist to specialist practice. Day to day, I work with a range of clinical teams in a variety of settings. I continue to collaborate with other oncology dietitians across cancer networks, sharing good practice. I’ve also enjoyed giving lectures in higher education on nutritional management in palliative care.

Can you describe a typical day?
Firstly, I liaise with dietetic colleagues to discuss potential new referrals and/or guide colleagues in their management of patients with cancer. I often review patients’ progress via other healthcare professionals, and attend MDTs or meet CNSs regularly. Where appropriate I get involved directly and consult individual patients – essential for our learning needs and to support us in this post and environment. A significant proportion of my time is protected for service development – to consider new ways of working, remain up-to-date clinically and professionally, and continue working on any new resources, reaching as many people as we can.

How would you like the role and service to develop?
I want to roll out proven care pathways within more MDTs and across other Networks. There’s more work to do on cancer prevention and greater collaboration with other specialist dietitians should bring further improvements. For the future, I can see a potential research component to this role.

Further information
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Email ashley.davis@dchft.nhs.uk

Developing opportunities
Lauren Wiggins and Michelle Kelly on how a new project helped them to help people affected by cancer

In 2005 Macmillan Cancer Support granted funding for a new three-year nurse development project. The funding was for three nurses with an interest in cancer care to each spend a year (consecutively) working with the Macmillan CNS team at Northwick Park and Central Middlesex Hospitals. Lauren completed the first year, Michelle completed the second year and a third placement is currently in post. The post was not designed to create a Macmillan CNS but to up-skill the workforce and provide an extended opportunity for the nurses to improve their knowledge of cancer and cancer care in order to improve patient care.

Each year was divided into three-monthly blocks, during which the post holder rotated within the Macmillan team, spending time with the various site-specific teams – generic (UOG, urology, gynaecology, haematology), breast, and palliative care. The fourth block was ‘open’ – for the nurse to decide how they would best like to use the time according to their specific learning needs.

We both had a keen interest in cancer care and wanted to move our careers from ward nursing in this direction. However, coming from non cancer specialised units we felt the need for a ‘stepping stone’ and this post gave us the ideal opportunity.

The post was supernumerary and not formally assessed, which felt like such a luxury. The year proved appropriate for extended learning and allowed us to explore the role of the CNS and cancer aspects fully. This would have been impossible on a standard orientation programme, thereby highlighting the huge benefits of this post.

‘... coming from non-cancer specialised units we felt the need for a “stepping stone” and this post gave us the ideal opportunity’

In order to achieve our learning needs, the majority of the year was spent working alongside the CNSs and the oncology and palliative consultants, shadowing and observing and gradually taking on a small supervised patient caseload. To ensure our understanding and development, opportunities were also extended outside the hospital to the community teams and local hospices. Throughout the year we were allocated a mentor in each focus group – essential for our learning needs and to support us in this post and environment. The excellent peer support also aided our learning and was valuable in gaining confidence. This aspect of the role not only benefitted us, but also strengthened the educational and mentorship skills of the current nursing team.

Now in its third year, feedback from the MDT and our own personal experience has shown that the post has proved to be a great success. At the end of the year we felt we had gained a solid grounding and insight into the complex nature of the Macmillan CNS role, the disease process, and the complexities involved in diagnosing, treating and supporting patients and their family and friends.

As with all posts there are always challenges and frustrations. Being a new post there was some difficulty among the wider team in understanding the purpose of the role. However, we gained impressive and exceptional experience, and that is reflected in our personal portfolio.

We would like to take this opportunity to thank all the staff who supported and encouraged us through the development post. We both thoroughly enjoyed the year and are very happy currently in post as Macmillan Clinical Nurse Specialist.

Further information
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Cancer in the family
Innovations in cancer family history services

In the winter 2007 issue of Macmillan Voice I wrote about a genetics pilot programme sponsored by Macmillan and the Department of Health. The programme explored ways of identifying people concerned about a family history of cancer and providing them with appropriate advice, support and care.

In this article, the second of three, I would like to share some particular innovations of the programme through brief portraits of two projects – one aiming to access hard-to-reach groups, and the other serving an entire cancer network.

Later this year, I’ll be looking at how Macmillan has been sharing learning from the programme to inform the development of NHS cancer genetics services.

Cancer – a Family Affair?
The Cancer – a Family Affair? project was based in the socially and ethnically diverse inner London boroughs of Lambeth and Southwark. For people concerned about a family history of cancer, cancer risk was assessed and, if appropriate, onward referral for screening or specialist genetic services was made.

The project particularly aimed to reach those who had not previously been accessing cancer genetics services. Led by the regional genetics centre, the project adopted a new way of working, setting up a network of nurse-led clinics in the community and encouraging people to refer themselves. To promote the service, project staff worked to develop the community and encouraging people to refer themselves.

Since the end of pilot funding in 2007 the service has obtained continued NHS funding, and it has also been ‘adopted’ by the Macmillan regional office, which provides educational and networking support.

Tracey Shaw
Consultant Genetic Counsellor in Cancer Genetics
Guy’s Hospital, London
Tel 020 7188 1364
Email chris.jacobs@gstt.nhs.uk

‘It’s been exciting to be allowed into the world of genetics and for us to be seen as credible practitioners.’

Also fundamental to the service and its success has been the crossing of professional boundaries. The GRAPs and clinical lead Dr Paul Brennan have held educational and awareness-raising sessions for clinicians, nurses and allied health professionals across the network. The service has also benefited from working with the network’s patient and carer group. Group members have attended project meetings, advised on the project’s original bid and helped to produce material such as patient information leaflets.

Service users and project staff aim to build on this work in future service development, such as jointly delivering sessions for volunteers in the local Macmillan information centre.

‘This nurse-led service frees up consultant slots and relieves patients from the burden of attending hospital appointments’

The PSA Tracker is a database which stores demographic details of the patient, a brief history of their condition and any other relevant GP details, and when their blood test result is due. Patients enrolled on the database are sent a computer generated introductory letter outlining how the system works and the contact details of the uro-oncology CNS. The database has a comprehensive search facility and produces a one-page patient summary incorporating all relevant medical data, treatment history and a graphical display of PSA values.

Patients eligible for entry include those with stable conditions following treatment such as radical prostatectomy, radical radiotherapy, brachytherapy, and those on hormonal therapies or on programmes of surveillance. All patients are invited to enrol and are sent an introductory letter outlining how the system works.

The system has been in operation since August 2004. To date (March 2008) there are 279 patients on the system and 1,292 outpatient appointments have been saved. An audit was carried out to see how satisfied patients were with this system of remote follow-up, and 97% were either satisfied or very satisfied. The majority of patients cited not having to travel to the hospital and pay for parking, not waiting for appointments, and not having to travel to the hospital and pay for parking, not waiting for appointments.

An audit was carried out to see how satisfied patients were, and 97% were either satisfied or very satisfied’

Further information
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Royal United Hospital Bath NHS Trust
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Email miranda.benney@ruh-bath.swest.nhs.uk

The Tracker is available to other hospitals at no cost from Miranda or Jonathan.mcfarlane@ruh-bath.swest.nhs.uk

Innovative systems
Prostate cancer is the most common cancer diagnosis within the Urology Department and provides the most referrals to our team. The number of men living with stable or treated prostate cancer is increasing. Many of these men simply require prostate specific antigen (PSA) testing for follow-up and do not need to be seen regularly in the clinic.

‘This nurse-led service frees up consultant slots and relieves patients from the burden of attending hospital appointments’

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The Tracker is available to other hospitals at no cost from Miranda or Jonathan.mcfarlane@ruh-bath.swest.nhs.uk
An award-winning information service

2007 was a stunning year for Renfrew Cancer Information and Support Service (CISS), or the drop-in centre as it is more commonly known. As reported in the summer 2007 edition of Macmillan Voice, Cathy McIntyre, a Macmillan nurse, was awarded a highly commended certificate in the Development Award category at the International Journal of Palliative Nursing Awards in recognition of her work on the service. Then, in November, the service won the partnership award at Renfrewshire Council Quality Awards ceremony. Such has been the success of the drop-in centre that a newly published independent evaluation suggests that Macmillan should roll out similar services across Scotland.

The centre began life when Cathy was trying to think of a way to reach people who were reluctant to enter the more formal setting of a health centre. The project evolved into a community library partnership between Macmillan Cancer Support, Renfrewshire Council Library Service and NHS Greater Glasgow and Clyde.

What makes this service stand out?

The evaluation highlighted eight key factors:

- high quality information and support to people affected by cancer
- person-specific information and support to users and associated professionals
- the opportunity for people affected by cancer to share their experiences
- one-to-one confidential information and support from a trained professional
- expert financial and welfare advice from specialists
- a service that is local, informal and easily accessible
- partnership working between organisations and agencies
- a service that helps professionals manage their workloads

An accessible place to meet

The service is available to anyone in the Renfrewshire area who is affected by cancer, including all cancer patients, their families, friends and carers. It is also used by other health professionals as a source of information and advice on cancer and related topics. Users also have access to a benefits adviser based at the drop-in centre. Positioned in an open part of the library, the centre is accessible, informal and neutral, qualities that, as the evaluation demonstrates, are appreciated by users. One of the important things that makes the centre at Renfrew a bit different is that it is held in a community library, so people are able to discuss their cancer experience in an open environment within their own locality.

All users and professionals interviewed stressed the value of information and support. Of particular importance to all is the accessibility of the drop-in centre, which opens at designated hours twice a week. The experience of this user is typical: ‘I was worried about my reaction to the treatment and what one of the doctors said. My sister knew about the drop-in centre, so I went down there the next day. I spoke about my worries and got some good advice and reassurance. It was as much getting it off my chest, especially right away, rather than moping about the house, that helped.’

Both for people affected by cancer and professionals, having access to an experienced benefits adviser and an experienced cancer nurse specialist is very important. A number of professionals spoke of the reassurance of knowing clients were using the drop-in centre’s services.

Sharing experiences

The evaluation showed that talking with, and/or listening to other people affected by cancer, is important in helping people to understand and cope with their own cancer experiences. This applies not just to people who are undergoing treatment, but also people whose cancer is in remission. ‘A very typical comment is ‘you realise you are not alone’.

For carers, too, the opportunity to share experiences is valuable. One woman who cared for her husband who had cancer spoke about the stresses this placed on their relationship and how helpful it was to realise there were others in her position. She said: ‘It helped me find out how other carers were coping with their [the person with cancer’s] behaviour. It helped me to know I wasn’t isolated.’

From the users’ perspectives, the Renfrew drop-in centre is achieving Macmillan’s fundamental goals – helping them with the medical, practical, emotional and financial aspects of their lives. The very positive manner in which users spoke of the value of the drop-in centre to their everyday lives is perhaps best summed up by one user, a woman with cancer, who stated in her interview: ‘My husband says to me every time I come in after being down at the centre that I’m a different person’.

Macmillan is rolling out two similar community library services in Glasgow and Livingston in early 2008, and is planning a network of similar services in the Highlands of Scotland.

Seeing local libraries in a whole new light

Some of you may already work with local libraries to provide information for people affected by cancer. If you feel they would appreciate some extra support to do this as effectively as possible, read on.

People who work in libraries, I have discovered, do not just send you reminders about last books and ask you to whisper, but can also help us to access the information that we need. Libraries can, therefore, be a useful starting place for people to find out about their cancer or about the cancer of their friends or family. To help libraries to be able to offer the best possible cancer information we have provided certain libraries with information resources, guidance and, in some cases, access to health professionals.

‘I learned that my job is not to solve problems but to manage them’

Some of the libraries have information officers in post to give the information, and other libraries rely on library assistants to direct the customers to the relevant information. This task can be quite daunting for them. They may be busy finding a book about China for a fourth formers’ geography project one minute and the next minute a customer tells them that their husband is dying of cancer and they don’t know what to do. Library staff are anxious to help by giving people the information that they need but are often left feeling that they have not done enough.

‘We, in the Learning and Development Team, were asked to give some training in ‘listening and responding’ and cancer awareness’ to staff in libraries to help them with this task. In carrying out this training we found that what they thought that they needed was different from what they discovered they needed. They did not need training in how to give information – they have these skills already. They didn’t need training in ‘cancer awareness’ – they are not there to give medical advice. What they were concerned about was people coming to them with massive problems or very difficult situations which they felt that they needed to solve.

Through the workshops that we ran we enabled them to find ways ‘I learned to listen without adding my own personal experience. I now feel that I have the ability to draw out people’s fears or concerns’ of finding out exactly what the person affected by cancer was wanting and then ways of helping that person to help themselves. It was quite a relief to them to discover that it was not their role to make everything alright, and that people, when guided, were able to find their own solutions. They found that initial questions were, often, just a way of opening a conversation. The customers did not necessarily want a book or a CD but someone to listen to them and support them.

Obviously we are not training the library staff to be counsellors, but at the end of the training they felt more confident about how to find out what the customers were really wanting, and if they could not provide them with the help or support that they wanted they could refer them to other services.

So far we have carried out training in East Anglia and are planning to do the same in Manchester. There are other areas in which libraries are offering cancer information and we hope to be invited to these as well.

Further information

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Further information (training)

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Training and Development Officer
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Email mklein@macmillan.org.uk

To be put in touch with your local Information and Support Services Adviser contact:

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Tel 020 7840 4984
Email bnewman@macmillan.org.uk
Seamless service
How one information and advice centre offers services ranging from counselling and benefits advice to pampering sessions

The Centre also arranges a monthly programme – with the charity Look Good Feel Better – for women who have been diagnosed with cancer. It is supported by leading cosmetic houses and local sessions are held monthly at the Cumberland Infirmary. Beauty advisers from local department stores take clients through a 12-step skin care and make-up regime, with products the clients keep and take home with them. The Macmillan/CAB Advice Service offers information, advice and assistance on a range of issues, from benefits, debt, housing and employment. For example, a client who was referred to the centre by a Macmillan nurse had worked all her life until she was diagnosed with lung cancer at the age of 46. Since having to stop work she was living on £72.55 per week. This had to cover everything, including her rent, council tax, food, and her travel costs to the hospital for treatment. On behalf of the client we looked into the benefit options and highlighted over £13,000 of benefits (per year) that she was entitled to. We assisted her through the claiming process and she now has an extra £182 a week to live on and receives full help with her rent and council tax. She is also reimbursed for the cost of travelling to the hospital for treatment. The client stated that the service was invaluable. The advice and assistance that was available locally eased her worries about money issues and gave her more money to live on, improving her quality of life.

Pam Ramaswamy, Information and Support Service Adviser for the East Midlands and North East region, says: ‘By combining the two services, Cumberland is providing an innovative way of working to ensure people who have been affected by cancer have access to information and advice where and when they need it.’

Support comes to Stockport
Ian Ainscough reports on his first year as manager of a new Macmillan Information and Support Service

The official launch attracted many local Macmillan representatives and members of the business community. Ian took the opportunity to explain how I have developed the service to help people living with cancer, financially, practically and emotionally. Many people were surprised to discover that Macmillan had so much more to offer than end-of-life care. In the short time that the service has been running we have provided £10,000 of Macmillan grants, referred over 30 people to the Macmillan welfare rights officer for Stockport and helped people obtain Warm Front Grants totalling £4,500. On a practical level we have worked with BAE volunteers to improve a lady’s garden (see news item), referred many people for Age Concern wellbeing checks, and given advice on travel insurance and work issues.

Emotionally we have helped many people come to terms with the shock, anger and stress of a cancer diagnosis. ‘The service has been the only support we have had... Ian makes you feel human’

As one of our clients put it: ‘The service has been the only support we have had. Ian has made time to speak with us face to face which is a chance to talk openly without fear of being judged or the need to modify what we want to say... Ian makes you feel human.’

The Macmillan Information and Support Service (MISS) at Beechwood Cancer Care Centre, Stockport, was opened in April 2007. In the same month, I was appointed as the MISS manager. Since the launch, our client numbers have grown steadily – I saw 952 people between April 2007 and April 2008 – and I have worked hard to spread awareness of the new service through local hospitals, GP’s surgeries, libraries and pharmacies. I have built up a good working relationship with Stepping Hill Hospital, the main hospital of Stockport NHS Foundation Trust, and now make a weekly visit to the chemotherapy suite. I have also managed several information stands on a variety of surgical wards, to make relevant information more available to patients.

As part of my role, I have begun to forge links with a variety of health and social organisations in Stockport. These include Age Concern, Stockport Council, Stockport Impact, Stockport Youth Services, Royal School of the Deaf and Communication Disorders, Stockport PCT practice managers, Stockport district nursing team and Stockport palliative care team.

‘Our goal is to raise awareness about cancer and how we at Macmillan can help improve the lives of people living with cancer’

Community outreach is a major part of our service and we aim to raise awareness and support to as many people in as many locations as possible. Our goal is to raise awareness about cancer and how we at Macmillan can help improve the lives of people living with cancer. I have worked with the MISS steering group and Macmillan to produce a leaflet that explains how the service can help the community.

We formally launched the new service on September 28 as part of Macmillan’s World’s Biggest Coffee Morning, and held open days on the two days prior to the official launch. The open days were well attended by Stockport’s health and social care professionals, many of whom have subsequently referred patients to us. Many people were surprised at how far we will go to help improve people’s lives.

The ways we can help people are extremely diverse, from tracking down a pension cheque that was lost in the post, to helping a lady with breast cancer get her garden cleared and unwanted furniture removed. In one instance we were able to help a 40-year-old lady who was receiving treatment for an invasive tumour. I applied for a Willow Foundation special day on her behalf so she could take her young family to Centre Parcs.

‘Many people were surprised at how far we will go to help improve people’s lives’

Further information
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Macmillan Information Support Service Manager
Beechwood Cancer Care Centre
Stockport
Tel 0161 477 8351
Email ian@beechwoodcancercare.co.uk

Jackie Rhind
Macmillan/CAB Adviser
Cumberland Infirmary
Tel 01228 558769 or 01228 633909
Email jacqueline.rhind@ncumbria.ac.uk
Information Prescriptions at the Royal Marsden Hospital

When we became a pilot site for the Department of Health’s Information Prescriptions project, we wanted to see how Information Prescriptions (IPs) could help us provide better care for our patients and their families. The aims of our pilot were to test the feasibility and acceptability of IPs with patients, carers and staff, building on our existing practice of offering and providing patient information.

We wanted a system which would enable health professionals to search a directory or library of patient information and support resources, and print out an IP and relevant electronically available information. Ultimately we wanted it to link with the Electronic Patient Record (EPR) system, as this was the key feature of our bid. This would allow clinicians to record information offered and view the complete history of IPs on the EPR for a selected patient. A reporting facility that could show, for example, the information titles most commonly given out would also be a valuable addition.

‘Clinical staff, patients and carers, and network patient information managers were consulted for their views throughout the project’

We started with a mapping exercise to establish current practice in the production and provision of patient information within the Trust and the local cancer network. Clinical staff, patients, and carers, and network patient information managers were consulted for their views throughout the project.

We built on the work already undertaken in the network, looking at the information pathways and specific titles of information and support resources used. Initially we focused on developing IPs for men with prostate cancer, followed by IPs for patients with ovarian and lung cancers. Before we could submit a specification to the IT department for an electronic IP system, we piloted a paper version of an IP.

As the electronic IP system will initially be a tool for health professionals, we also want to develop a tool for patients and carers to help guide them through the different types of information such as financial, social and practical as well as medical.

Eventually, we want to develop the electronic IP library so that it is a resource that can be used throughout the network.

Further information
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Patient Information Service
The Royal Marsden NHS Foundation Trust
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It’s good to talk

When my consultant suggested setting up a support group for our patients, I was hesitant. Our case load is predominantly male (who, from my experience, are not into chatting) and I wondered who would want to ‘dwell’ on their cancer. However, I soon noticed how patients and their families were keen to obtain as much support as possible from others with the same cancer, and this was backed up by the results of a questionnaire.

I attended a good practice workshop organised by Macmillan. The group consisted of professionals, volunteers and patients who were all involved with support groups. This course proved invaluable. I had the opportunity to discuss what I was doing with others who had already been through a similar process. It was particularly interesting communicating with “non healthcare professionals”, who seemed pleasantly surprised that professionals were keen to set up a group.

‘Patients and carers want to talk to each other and are often quite difficult to keep quiet, so you don’t need to entertain them!’

I have kept in touch with one participant who is very active in running a head and neck cancer support group. The group particularly impressed me with their set-up and they have provided me with invaluable advice.

I sent out guidelines for how I envisaged the group would be run and an information leaflet to each patient. We had a good response, and our initial team turned out to be too small to accommodate everyone! Eventually we squeezed in about 35 people for our first meeting.

Our Upper GI surgeons had both agreed instantly to attend our first meeting and gave brief talks on Upper GI surgery, with videos and pictures (nobody passed out!). They also talked about the politics of Upper GI cancer and how the service is run in the hospital. David Kirby OBE, chair and driving force of the influential Oesophageal Patient Association, also gave a brief presentation. Everyone had the chance to talk to each other and the speakers afterwards over coffee.

Learning from experience

The key things I have learnt about setting up a support group are:

• Don’t try to do everything yourself – ask for and accept help when it comes along.
• Network: if another support group isn’t the same specialty it doesn’t matter, you can still share ideas.
• Education/study days enable you to think and reflect in a constructive environment.
• Patients and carers want to talk to each other and are often quite difficult to keep quiet, so you don’t need to entertain them.
• It takes time – after a year I am still developing the group further.

I want to establish a committee of patients/carers who are willing to take on further responsibility. I hope this will evolve over time as different members show how keen they are to be involved. We are also considering affiliating ourselves with the Oesophageal Patients Association and will therefore be part of a registered charity and will be able to fundraise. I would also like to develop a separate carers group – they need and want support pertinent to their experience. We want to publicise our group more and have submitted various articles to local papers and the Greater Manchester and Cheshire Cancer Network.

Setting up a support group was a great challenge. As health care professionals we have also gained support from this group. Patients and carers have provided us with feedback about how we are doing. It has helped develop professional-patient relationships and patients are also gaining support from each other and not needing to rely on others. We have received excellent feedback about our group and we are keen for it to go from strength to strength.

Consultant Upper GI surgeon Mr Anselm Agwunobi speaking to the support group.

Further information
Louise Parrott
Macmillan Upper GI CNS
Stepping Hill Hospital, Stockport
Tel 0161 419 4662
Email louise.parrott@stockport.nhs.uk
Reaching out
Raising cancer awareness within a diverse community

The population served by Central Manchester and Manchester Children’s University Hospitals NHS Trust and Central Manchester Primary Care Trust is very diverse, with one in five people being from a non-white ethnic minority group. The Macmillan Cancer Information and Support Centre at Manchester Royal Infirmary aims to provide information about cancer to anyone who needs it, so in July 2004, my post – Macmillan Black and Minority Ethnic Outreach and Liaison Worker – was created to broaden the scope and outreach capacity of the centre.

The broad aims of the post are to raise awareness of cancer and tackle the myths and stigmas associated with a cancer diagnosis within local BME communities

I have worked in health and social care in Manchester for over 12 years, with particular emphasis on black and minority ethnic (BME), refugee and asylum seeker issues. Members of BME communities have very diverse health needs. The broad aims of the post are to raise awareness of cancer and tackle the myths and stigmas associated with a cancer diagnosis within local BME communities. I also support cancer patients and their families and identify the specific needs of the BME population, ensuring that the information and support service meets these needs. I work to identify local faith groups, refugee and asylum seeker communities which, while they are all individual, share experiences common to the BME community in general. My time is divided between working in the community and at the Information and Support Centre.

Raising awareness
A team of volunteers and myself disseminate information about cancer and the Trust’s Cancer Information and Support Centre to different communities both verbally and through printed material. This includes visiting GPs and other health professionals and statutory service providers, and networking with different forums including community groups, mosques and churches.

We run sessions for people from different communities to raise awareness of cancer, how to reduce the risks, and what screening is available to them. We will usually access these communities by targeting existing women’s groups, day-care groups for the elderly, refugee and asylum seekers or community and voluntary sector groups. We have to be flexible to work with these groups and sessions will often be arranged in the evenings and at weekends.

Evaluating the sessions has called for creativity to overcome varying levels of literacy and English comprehension. For example, members of an Asian women’s group were asked to use coloured beads to indicate how useful they found the session, with green for good, amber for satisfactory, and red for poor. All feedback is fed into our planning of further sessions.

Community outreach volunteers
I have recruited and trained members of local communities to work as volunteers. They work once a week at the Macmillan Information Centre and are also active in their communities, attending events and outreach sessions, acting as lay interpreters, keeping me abreast of local events and acting as a point of contact for people affected by cancer in their community.

A large part of my role is to provide practical support through home visits. This enables me to address some of the complex problems faced by cancer patients from BME communities, including immigration and accommodation issues. I am there to make sure that patients have access to all the support services available.

Links with the community
As well as outreach volunteers, we have recruited a network of faith leaders willing to play an active role in promoting the service. Sessions have been organised in mosques across Manchester and Imams have been too happy to help raise cancer awareness within their community.

‘Sessions have been organised in mosques across Manchester and Imams have been too happy to help raise cancer awareness within their community’

For our service to have an impact it needs to be advertised as widely as possible, and we have found local newsletters, networks and radio programmes useful avenues for promotion.

I would like to thank my colleagues at the information and support centre, cancer services at the Trust and at Macmillan as well as the local organisations, community groups and service users who have shared with me their views and experiences and supported me in this role.

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The lung cancer roadshow
How the East Lancashire area lung cancer team publicised the need for early detection

We chose November’s Lung Cancer Awareness Month to publicise the need for early detection of lung cancer. Early detection has been shown to have a massive influence on survival outcome. In a recent survey by The North West Cancer Intelligence Service[1], the North West of England was indicated as a high cancer incidence area, particularly lung cancer. This is due to a number of possible influences, such as deprivation and high numbers of active and passive smokers.

We, the lung cancer team, decided to develop a roadshow to tour the local area, focusing on disseminating information and health education, details around lung cancer detection, smoking cessation initiatives and any other cancer issues that we could offer help and advice on. We contacted our local Macmillan information and education unit based in Preston to develop this idea and to use their expertise and equipment. We also used information and educational resources from Cancerbackup and the Roy Castle Lung Cancer Foundation.

We organised events within the towns of Blackburn, Burnley, Clitheroe, Rawtenstall, Darwen and Accrington, scheduling the roadshows for market days so as to gain direct contact with large numbers of the public. The roadshow events and itinerary were publicised in the local press and two community radio stations invited my colleague Christine Marsden and I for interviews.

Each event consisted of a three-hour slot between 11am and 2pm. At each one we had a Macmillan white transit van displaying the logo, with a canopy covering a large table with a wide range of information and posters about lung cancer. The stall was manned by two professionals at any one time, which included either myself or Christine, along with one of the Macmillan information advisers – we felt that any more might be intimidating. In this way the public could approach the stand and gather suitable information without needing to engage with us unless they wanted to.

People came in good numbers, around 45 people upwards at each session, with a wide range of questions, not only on lung cancer but other cancer issues. Many came just to donate money. But the issue which had the greatest effect on me were the numbers of people who lowered their heads or changed their direction seemingly to avoid eye contact with us. It was apparent that the word cancer, and possibly the name Macmillan, might conjure a negative connotation and perception within society. Hopefully time and understanding will change this attitude.

The event ran over a three-week period and we were sad to finish. Anecdotal feedback was very positive and has left us motivated to proceed positively and passionately to spread the word about this destructive cancer. Following this year’s success, we aim to make this an annual event.

Thanks must go to my manager, Pauline Robinson (Macmillan Cancer Lead Nurse for East Lancashire Hospitals Trust), to Vicky Phillips and Elaine Dyda (from the Macmillan Network and Information Unit based at Preston) and to Helen Yates (Macmillan North West Fundraising Manager).

References
Touching lives
Celebrating the relationships made on the cancer journey

I was new in post and undertook some reflection on my gynaecology oncology clinical nurse specialist (CNS) role. I realised that not only do we touch patient’s lives by the very nature of the CNS role, but that patients also touch our lives by these interactions. My initial thoughts were to have a ‘celebration’ along spiritual lines, giving thanks for those relationships whether with patients, carers or professionals and wherever placed within that cancer journey.

Spiritually within holistic care giving is an often overlooked and neglected area of patient care. Treatment modalities, cancer wait targets and other healthcare processes are routinely prioritised at the expense of spiritual considerations. The CNS role is very much involved in the breaking and healing of bad news, supporting, informing and guiding patients through their cancer journey. I hoped that this ‘celebration’ would not only enable the professional team to acknowledge the impact and emotional burden of this work, but to gain insight into other aspects of their CNS role.

‘We defined our purpose as a ‘spiritual’ rather than religious one’
I took my idea to our hospital chaplain, Canon Jane Lloyd, who was very interested and willing to put my thoughts into action. We defined our purpose as a ‘spiritual’ rather than religious one, and decided to use popular songs, poems, readings and imagery to reflect those relationships and the cancer journey. The first celebration was planned for 2005 and our theme was a butterfly. The 2006 service was represented by a woven web as a focus for the group on each occasion. She had used this idea in another setting but felt it could be adapted to use in this context. To weave a ‘web’, the group stands in a circle, each individual chooses a coloured ball of wool to represent their emotions and, with background music, each person throws their ball of wool to whoever they want, keeping hold of the end. The weaving continues until all the wool is woven. The resulting web is then laid on the floor, there is a pause for reflection, small candles are lit and prayers and thoughts are written on paper leaves and placed on the web.

‘The feedback from participants over the last three years has been encouraging, so we plan to continue with the annual celebration’

In both 2005 and 2006 the celebrations were held in the hospital chapel. Attendance was modest but the feedback was positive. We realised that the hospital setting may well evoke strong emotions and consequently held the 2007 service within the gynaecology support group meeting. This was both well-attended and well-received, with excellent feedback.

The feedback from participants over the last three years has been encouraging, so we plan to continue with the annual celebration. The concept could also be brought into other settings and adapted to other cancer sites.

Jane suggested using the weaving of a wool web as a focus for the group on each occasion. She had used this idea in another setting but felt it could be adapted to use in this context. To weave a ‘web’, the group stands in a circle, each individual chooses a coloured ball of wool to represent their emotions and, with background music, each person throws their ball of wool to whoever they want, keeping hold of the end. The weaving continues until all the wool is woven. The resulting web is then laid on the floor, there is a pause for reflection, small candles are lit and prayers and thoughts are written on paper leaves and placed on the web.

‘The feedback from participants over the last three years has been encouraging, so we plan to continue with the annual celebration’

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The feedback from participants over the last three years has been encouraging, so we plan to continue with the annual celebration. The concept could also be brought into other settings and adapted to other cancer sites.

Jane wrote an article which was published in the Journal of Health Care Chaplaincy 2005[1]. I submitted an abstract which was accepted for a poster presentation at the 14th International Cancer Nursing Conference in Toronto Canada 2006 and also at the National Forum of Gynaecology Oncology Nurses (NFGON) Conference 2007 in Leeds. This generated both positive feedback and further interest from the participants.

References

Acknowledgements
Canon Jane Lloyd – Hospital Chaplain, Poole Hospital NHS Trust

Diary of events
June
1-30 June Male Cancer Awareness Month
www.icr.ac.uk/everyman
9-15 June National Men’s Health Week
Men’s Health Forum
www.menshealthforum.org.uk
9-15 June Carer’s Week
www.carersweek.org
16-22 June Breathe Easy Week
National Lung Foundation
www.lunguk.org
21-28 June Myeloma Awareness Week
Myeloma UK
www.lunguk.org

July
6 July Absell and Zipwire Challenge
Jump or glide into action and support Macmillan by taking part in the London Absell and Zipwire Challenge at West Ham United Football Club.
Tel 020 8563 9699
Email greaterlondon@macmillan.org.uk
www.macmillan.org.uk/greaterlondon

August
27-31 August London to Paris Cycling Challenge
Join us for a five day, 485km cycle ride from Greenwich to the Eiffel Tower. Our journey will take us through the picturesque Kent countryside to Europe’s most romantic city.
Tel 020 7840 7875
Email biking@macmillan.org.uk
www.macmillan.org.uk/londontoparis

September
26 September World’s Biggest Coffee Morning
Taking part in the World’s Biggest Coffee Morning is an opportunity not to be missed. By simply having a coffee with family, friends or colleagues you can help change lives. Whether you raise £10 or £200, every penny will make a difference. Getting involved is easy. Register now.
Tel 0845 602 1246 quoting NA21
www.macmillan.org.uk/coffee

Macmillan Voice summer 2008
We Share Resources

You can order resources individually or in bulk by calling 0800 500 800 or visit the online catalogue at be.macmillan.org.uk

Top five resources distributed in 2007

**The cancer guide**
MAC5765
This booklet gives a wide range of information about cancer treatment and care. It includes helpful organisations to contact and information for carers. Also available in Welsh, audio cassette, CD and Braille format.

**Help with the cost of cancer**
MAC4026.08
An easy-to-use guide with information about benefits and other sources of financial help for people affected by cancer. Welsh PDF available at www.macmillan.org.uk

**Northern Ireland version**
MAC4026.08.NI

**We know the facts about cancer (for young people)**
MAC6705.10.06
Handy credit card sized leaflet that folds out to A4, especially created for young people affected by cancer. Contains information about Macmillan, how we can help and how to get involved, facts about cancer, a quick quiz, handy tips on how to stay healthy and information about the YouthLine.

**When someone with cancer is dying**
MAC11124
This booklet considers some of the anxieties about death that are commonly experienced by those who are dying, their family and friends.

**New for 2008**

**Money worries? We can help**
MAC4603
Written for people with cancer and their carers, this booklet gives details on how a Macmillan Grant and the Macmillan Benefits Helpline may be able to help with your financial difficulties.

**Financial information for people affected by cancer**
MAC11279
This toolkit is designed to help anyone who wants to manage their money better. We see this as a natural extension of our Better Deal campaign, which aims to get a better financial deal for people affected by cancer. As well as general information, it specifically highlights financial problems and solutions relevant to people affected by cancer. Each section is accompanied by a short leaflet to be given away which summarises the main facts in the guidance.

As a combined force Macmillan and Cancerbackup will be able to provide even better resources for people affected by cancer. All Cancerbackup’s booklets and factsheets will continue to be available to order via their website: www.cancerbackup.org.uk or by email on orders@cancerbackup.org. There is still a charge for health professionals ordering Cancerbackup resources at the moment, but we hope to be able to make them available free in the future. Watch this space!