Jan Bolton
Macmillan Social Care Coordinator

Macmillan Professionals Awards
We celebrate the winners

Sharing good practice
Holistic needs assessment and care planning
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Writers wanted

Mac Voice is for you. You can write about the issues that matter to you and share your knowledge with others. You don’t have to be an experienced writer to get involved – simply email rcotter@macmillan.org.uk or call 020 7091 2219.

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Celebrating excellence

Macmillan professionals and staff came together to celebrate the winners of the inaugural Macmillan Professionals Awards in November.

The awards showcased the innovative and high-quality work that Macmillan professionals are known for. Work such as the development of physical activity partnerships by Lorraine Barton, Lead Cancer Nurse. Or the introduction of a holistic needs assessment and personalised care plan for people with colorectal cancer by Macmillan Colorectal Cancer Nurse Specialist Jane Winter. Turn to pages 8 and 9 for details of the winners.

This edition of Sharing good practice includes two perspectives on holistic needs assessment and care planning, with details from one of the National Cancer Survivorship Initiative pilot sites. Evidence suggests that having a holistic needs assessment during and at the end of treatment helps to identify the issues that need to be discussed with a healthcare professional. These can then be used to develop a care plan in partnership with the person affected by cancer.

The pull-out offers practical advice for those wanting to develop or improve their assessment and care planning processes.

Finally, we would like to hear about what impact Mac Voice has on your work. Please take a few minutes to fill out the short survey enclosed in this issue or go online to surveymonkey.com/s/macvoice2012

For information, resources and learning opportunities, visit Macmillan’s new website pages for professionals at macmillan.org.uk/professionals
Piloting a new role to manage late effects

Unfortunately, most cancer treatments have some adverse effects, and sometimes these problems will not emerge until much later. These late effects are not always linked to the treatment, and are often not diagnosed and treated properly. In some cases, patients are told that late effects are ‘the price you pay for cure’ and subsequently ignored.

To address these issues, the Survivorship Project Team at the Christie Hospital in Manchester is testing a new role called the Late Effects Coordinator. This role will be responsible for assessing and managing care for people presenting with late effects across all disease groups. It will be tested over the next two years.

The project forms part of a wider programme of work based at the Christie Hospital NHS Foundation Trust, which includes: redefining cancer survivorship pathways; investigating innovative approaches to follow-up; exploring new, long-term care planning tools and approaches to delivering patient information; and improving communication between healthcare professionals.

The programme, which runs until the start of 2014, is led by Dr Wendy Makin, Associate Medical Director, and the project team includes Macmillan Project Manager Ben Heyworth, Administrator Martine Tempest-Mitchell, and Alison Waltho, Late Effects Coordinator. The team is supported by Macmillan Development Manager Julie Atkin-Ward.

This project is one of three new initiatives focusing on late effects of treatment. Look out for more in the next edition of Mac Voice.

More information
Please contact Ben on 07917 628 672 or email ben.heyworth@christie.nhs.uk

Graduate Certificate in Welfare and Benefits Advice: The first class of graduates with staff

The course, which was developed by Macmillan and the School of Nursing, Midwifery and Health at the University of Stirling, aims to help professionals improve the information, advice and support they offer to people affected by cancer and long-term conditions. The first class graduated earlier this year.

To order these, visit be.macmillan.org.uk or email i&renquiries@macmillan.org.uk

Macmillan has produced 10 new reports summarising the numbers, needs and experiences of people living with the most prevalent cancer types.

GET THE 'RICH PICTURE'

We are Macmillan. Cancer Support.
Gaps found in children’s knowledge of cancer

While most children say they know someone who has been diagnosed with cancer, few understand what it is or why it occurs, a poll by Macmillan suggests.

The survey asked 500 children aged 9–16 what they know about cancer. The results show that 4% think cancer can be caught from someone else. One in five (21%) believe cancer is always fatal and over half (52%) do not know what it is. More than half say the word ‘cancer’ makes them feel frightened.

It also shows that 97% are unaware that sunburn can cause cancer. However, most (91%) are aware that smoking can cause cancer.

Katherine Donnelly, Schools Lead at Macmillan says, ‘As cancer affects more and more people, the chances of children knowing someone with the condition grows – be that their grandparent, parent or friend. This can be really distressing and they may feel too worried to ask questions.

‘Just over a quarter of children have been taught about cancer at school and this needs to improve.’

Macmillan has launched an information pack called the Talking about cancer toolkit, to help teachers give young people the facts about cancer they need. It includes lesson plans, activity sheets and DVD clips.

More information
You can order the toolkit online at macmillan.org.uk/teachingpack There is also a dedicated section for children and young adults on the Macmillan website at macmillan.org.uk/teensandyoungadults

Reference
1 Macmillan/TNS online survey of 501 UK children aged 9–16. Fieldwork conducted 3–9 August 2012. Survey results have not been weighted.

One in five children believe cancer is always fatal

More than half of children aged 9–16 do not know what cancer is
Pioneering quality care

Susan Morris, Macmillan Palliative Care Clinical Nurse Specialist, has won the UK Pioneers of Care Award for her work in educating the public about dying.

Death can be a difficult subject, and people often shy away from talking about it, but this is something that Susan is working to change. For over 20 years, Susan has volunteered her free time to the Natural Death Centre charity, of which she is a Trustee.

The charity aims to inform and educate the public about choices available to them and their carers, and offers free, impartial advice on all aspects of death and dying.

Susan says, ‘It’s such an honour to be given this award, which I hope will enable us to create more healthy discussion about death in our society.

‘People who are dying are often perceived as a vulnerable group, but in palliative care and through my charity work, we aim to change that, and give people real choices to have honest, informed conversations about death.’

The award was presented at the Florence Nightingale Museum in London by Welch Allyn, a manufacturer of frontline medical diagnostic equipment. The award includes an education bursary of £1,500, which Susan has donated to the Natural Death Centre.

Susan is based at Central and North West London NHS Foundation Trust.

More information
Contact Susan on 020 3447 7140, email susan.morris10@nhs.net or visit naturaldeath.org.uk
Glasgow libraries offer cancer information and support

Macmillan cancer information and support services will be introduced in 25 libraries across Glasgow over the next year.

Allan Cowie, Macmillan General Manager for Scotland, says the scheme will make Glasgow, ‘one of the first places in the UK where everyone affected by cancer can get information and support in their local community.’ Macmillan hopes it will become a model for the rest of Scotland.

Trained volunteers will be at the heart of the partnership between Macmillan and Glasgow Life, a body that runs the city’s libraries and museums. The volunteers will offer practical and emotional support to anyone affected by cancer. When appropriate, they will refer visitors to other Macmillan services. A Macmillan service delivery manager will lead each team. Cancer Support Scotland, another service partner, will offer counselling and complementary therapies in some libraries.

The project is modelled on the Macmillan Information and Support Centre at Easterhouse Library in Glasgow, which was launched in 2009.

Update on the Acorn Approach

The Acorn Approach at Oakhaven Hospice helps people learn about the hospice through the eyes of children. Since the project featured in Mac Voice in spring, it has developed in a number of ways.

The hospice team have worked with 800 children and young people, from infant age to 18, and 340 patients and carers. Projects include:

• activities inspired by the model at St Christopher’s Hospice
• work with secondary and sixth form students to underpin health and social studies
• one-off lessons about death and dying, to support specific national curriculum requirements
• talks to classes and assemblies
• bereavement support and signposting to appropriate agencies, such as Simon Says, a child bereavement service in Hampshire, or Macmillan services.

Jan Temenos, Oakhaven Schools Project Coordinator, and the team have more schools wanting to participate than they can accommodate, with projects set up until July 2013. Every project attracts more patients and carers than they can include.

This has challenged the team to think outside the box and they are currently developing leadership roles and appropriate training for enthusiastic and experienced volunteers, to make better use of their skill mix.

They have seen an increase in enquiries and requests for support, nationally and internationally, from professionals interested in adopting the Acorn Approach. They have also supported others through study days, shadowing, and direct consultancy work. The team has presented at conferences in the UK, and Jan is addressing a conference in Australia. Jan was also named ‘Cancer professional of the year’ at the 2012 Quality in Care Excellence in Oncology Awards.

More information

The Acorn Approach is available as a toolkit at learnzone.org.uk

‘The warmth, friendship, fun, love and acceptance found at Oakhaven left the children not wanting to return to school’

Joy Blakeney, teacher at South Baddestley Primary School
Macmillan thinks all of its professionals are doing amazing work – and the winners, chosen by a panel of nine Macmillan specialists, are setting an example of excellence and innovation.

Winners were recognised in four categories:

- The Service Improvement Excellence Award celebrates professionals whose vision and commitment to a service has made a big difference to people affected by cancer.
- Innovation Excellence Award winners have shown how important innovative thinking is to improving cancer care.
- Partnership Excellence Award winners have been exceptional in bringing groups together to collaborate their efforts in offering support.
- Team Excellence Award winners are not only high-performing and innovative, but have also set fantastic examples in teamwork.

To read case studies about the winners, visit macmillan.org.uk/professionalsawards. And it’s not too early to start thinking about nominations for the 2013 awards.

The winners

Service Improvement Excellence Award
Sue Smith, Centre Manager, The Mustard Tree Macmillan Centre, Plymouth Hospitals NHS Trust
In 15 years, Sue has taken this centre from a small unit to a flagship facility that sees around 12,000 people a year, while overseeing the development of three outreach centres and leading projects across the country.

Graeme Allan, Macmillan GP Facilitator, St Marks Medical Centre, Southport
Thanks to Graeme’s vision and drive, an independent living centre in Southport now has a Macmillan Information and Support Centre, despite the difficult financial climate.

Melanie Lewis, Lead Macmillan Lymphoedema Specialist Singleton Hospital, Abertawe Bro Morgannwg University Health Board
In 2000, Melanie was appointed as the first Macmillan lymphoedema specialist in Wales. She developed a needs assessment tool that
informed her authorship of the Wales Lymphoedema Strategy. Today she is the All Wales Lymphoedema Lead for the Welsh Assembly Government.

**Ann Muls, Macmillan Nurse Consultant in the late effects of cancer, The Royal Marsden, Fulham**

When Ann was appointed, her role was the first of its kind, but she quickly took to it and began making a real difference. She’s also become an expert in the relatively new field of pelvic radiation disease.

**Innovation Excellence Award**

**Erin Bolton, Macmillan End of Life Lead, Community Division, East Lancashire Hospital Trust**

Erin’s play, *Was Your Death as Good as Mine?* sensitively informs people about the many issues surrounding end of life, and encourages people to speak openly about dying, and to think about planning ahead.

**Eryl Evans, Clinical Lead in Speech and Language Therapy, Singleton Hospital, Abertawe Bro Morgannwg University Health Board**

Eryl has worked tirelessly to bring support to people in remote regions of west Wales with head and neck cancers, who sometimes travel more than two hours to appointments.

**Philippa Jones, Network Lead Chemotherapy Nurse, Greater Midlands Cancer Network**

Philippa led the way in developing a toolkit that helps professionals assess people with cancer experiencing chemotherapy-related problems. It is now available throughout the UK.

**Jane Winter, Macmillan Colorectal Cancer Nurse Specialist, Southampton General Hospital**

Jane’s been key in implementing patient-triggered follow-up for people with colorectal cancer through a holistic needs assessment. People are now receiving personalised follow-up programmes, which has improved patient experience and independence.

**Partnership Excellence Award**

**Gill Scott, Clinical Nurse Specialist, County Durham and Darlington Foundation Trust**

Gill’s work has helped improve standards of end-of-life care for people with cancer in prisons. She has worked with prison discipline staff, prisoner groups, Care UK and many local organisations.

**Lorraine Barton, Lead Cancer Nurse, Hillingdon Hospital, Uxbridge**

Taking part in physical activity during and after treatment is now easier in Uxbridge due to the many partnerships Lorraine has made possible, from walking dogs with Dogs Trust, to gardening or enjoying free entry to the leisure centre.

**Liz Lees, Nursing Services Manager, Lister Hospital, East and North Hertfordshire NHS Trust**

Liz developed a survey to find out how carers of people in palliative care in Hertfordshire felt about the support on offer at the end of life. As a result, a carer experience steering group has been created. Together, they’re making sure carers’ needs are being met at the end of life.

**Team Excellence Award**

**Lead: Julie Atherton, Macmillan Complex Cancer and Specialist Palliative Care Allied Health Professional Team at Bridgewater Community Healthcare NHS Trust**

This team is leading the way in providing high-quality care for people with complex and palliative care needs. They’ve introduced new and effective ways of helping people become more independent and adapt to their condition.

**Lead: Mhairi Donald, The Macmillan Team at the Brighton and Sussex University Hospitals Trust at Royal Sussex County Hospital**

This team of 30 people is providing excellent support across a range disciplines and locations. New ideas are encouraged and these have included cookery classes for people affected by cancer and a fashion show for those struggling with body image.

**Lead: Annamarie Challinor, Central and Eastern Cheshire End of Life Care Service Model at Macclesfield District General Hospital, East Cheshire NHS Trust**

This team innovatively brings together practitioners and educationalists to facilitate and lead best practice at the end of life. They work in a supportive and empowering environment, which has helped them learn from each other and continue to improve.

**Lead: Andrew Wilcock, Macmillan Specialist Palliative Care Rehabilitation Team at Nottingham University Hospitals NHS Trust**

People with thoracic cancer have seen their patient experience greatly improve thanks to this multidisciplinary team. They aim to better understand people’s rehabilitation needs and are evaluating a new model of support.

**Congratulations to all the winners.**
Volunteering

Bridging the gap

Social Worker Jack Holt shares his experience of volunteering for the Macmillan Solutions scheme

Macmillan Solutions volunteers provide practical and emotional support to people affected by cancer in local communities.

I was asked to help Macmillan start a volunteer group for the scheme as part of my job as a social worker. It was at the initial meetings that I decided I wanted to volunteer too.

Practical support
The project manager and I worked out what I had to offer. I wanted to support people with cancer in practical ways and use my knowledge of local services. I have now volunteered for a number of people with cancer and carers.

I supported an older man with prostate cancer and dementia. He lived some distance from his family and was unable to visit the pub independently. He and I went to the pub and local cafes, the barbers and shopping. I also helped him to make memoirs of his old regiment and sourced photos.

I supported a woman whose partner had died and whose garden needed a tidy. It did not take long but was really appreciated, as the garden was important to her partner and therefore important to her as she came to terms with her recent loss.

I’m currently one of a cohort of volunteers supporting an older man with cancer whose home needs a tidy up and some decorating work. So a few evenings a week, I tidy and throw away unwanted items and start decorating. We also take breaks for drinks and talking and listening – that most vital thing that Macmillan Solutions volunteers provide so naturally.

Team work
All of these tasks involved practical help that did not take much time. I often helped out on my way home from work or for an hour after tea. I have also received training on cancer and treatments from professionals in the field, which I have found invaluable. I have no doubt this training has benefited me in my working life as well as my role as a volunteer.

It’s been good to feel part of the team and share their commitment and enthusiasm. Everyone has different reasons for wanting to volunteer for Macmillan and sharing our experiences has been a genuinely warming experience.

Source of support
One of the reasons I wanted to volunteer is because a Macmillan nurse cared for my father in the last weeks of his life, making it possible for him to remain at home. She provided respite for me as his main carer and was a valued source of support for my mum and I. I have enjoyed and feel proud of being a part of Macmillan Solutions.

Further information
For more information, contact Jack on 0161 2273901 or jack.holt@manchester.gov.uk

Macmillan Solutions is run by Audacious Church in Manchester. Email macmillansolutions@audaciouschurch.com

‘We also take breaks for drinks and talking and listening – that most vital thing that I see Macmillan Solutions volunteers provide so naturally’
Many carers don’t realise there is support available to help them in their role. So as one of the people they may turn to, you’re vital in helping us to identify and support them.

Benny Millier meets a lot of carers in need of support in her role as Information and Support Service Manager of a Macmillan information centre at Croydon Health Services NHS Trust.

Benny says, ‘The term "carer" doesn’t mean anything to them, because when you are supporting someone close to you with cancer, it becomes a normal thing to do.’

Yet the care these people provide is vital – from helping the person with cancer with shopping, washing or dressing, to taking them to the hospital and being there for them when they need to talk. And despite the physical, emotional and financial impact this has on their lives, 49% of carers of people with cancer are not accessing the support that’s available to them.¹

‘A large part of my role is to signpost patients and carers to where they can get practical and emotional support. Whenever I identify someone who is looking after someone with cancer, we have a chat over a cup of tea. Depending on their needs, I might give them leaflets about specific issues, such as where to get financial guidance or refer them to our complementary therapists at the centre.’

Benny launched a support group for carers in 2010 that meets every other month. ‘The meetings are quite lively,’ says Benny. ‘I try to ensure that it’s a safe place where people can just relax and make friends. Being in an environment where they can be open about the struggles they face really helps.’

‘I think it’s really important that professionals who are treating people with cancer are proactive in understanding the well-being of not only the patient, but the people supporting them too’

Benny Millier

More information
We need your help to let carers know that the Macmillan team is here to support them too. From information booklets to financial guidance and expert advice, we provide a range of free services to help them in their vital role as a carer. Whether they want to ask questions, need support or just want someone to talk to, they can call us free on 0808 808 00 00 or find information online at macmillan.org.uk/carers

More information
Contact Benny on 020 8401 3000 ext 5744 or email benny.millier@nhs.net

Have all the information to hand
Details of how Macmillan can support carers can be found in our handy guide, Do you look after someone with cancer? Make sure that you have some to hand by ordering a batch from be.macmillan.org.uk/carers

across the oncology and haematology directorate, and I accept direct referrals from people living with cancer and their families. Patients are always given my phone number as I remain a point of contact for them throughout their cancer journey, whether they are inpatients or outpatients.

Why was the post created?
It was created by our lead cancer nurse Lizzie Summers, who envisioned a role that would ensure continuity of care for inpatients and outpatients. I was very lucky to step into the role when it was new. I had previously worked for the NHS and for social care services for many years, in separate positions, so this was the ideal role to fit my background and experience.

What are the biggest challenges of your role?
The first challenge was building a whole new way of working. Previously patients were all too often just given a list of numbers to call. They would have to battle for access to social care services alone, on top of their other worries, and waited longer for referrals to take place. We wanted to transform patient care from a model of being reactive to being proactive. I wanted to look at processes from a patient-centred point of view and challenge conventions; to ask questions like, ‘Why do we need to fill in all of these forms?’.

What does your role involve?
I’m a social worker within a team of Macmillan clinical nurse specialists. It’s a unique role because most social workers aren’t fully integrated within healthcare teams.

My job is to ensure a smooth transition between health and social care for people affected by cancer, by navigating and negotiating social care referral processes on their behalf. Different social care services, such as adult social care, immediate care services or the Blue Badge parking scheme, all have different access points and procedures. I help people to access these services in a timely manner. I receive referrals from the multidisciplinary teams and clinics across the oncology and haematology directorate, and I accept direct referrals from people living with cancer and their families. Patients are always given my phone number as I remain a point of contact for them throughout their cancer journey, whether they are inpatients or outpatients.

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doing things, there has been some resistance. That side of things has been a struggle at times. However, being a Macmillan professional does open a lot of doors for you. The team I work in is brilliant and Macmillan loves innovative ways of working.

Tell us about the Innovations Project?
This is a local service development initiative I have worked on. It has involved me having my own budget, based on a fixed-term funding agreement for extraordinary services and not statutory provision. The fund is aimed at providing patients with practical help, such as one-off pieces of equipment or accommodation.

The project has really made a difference. It allowed one man to die at home as he wished, as overnight care was not available from anywhere else. It also meant I could arrange for a homeless lady to stay in a holiday cottage when she was dying, and organise for her friends and family from around the world to visit her. In another case, a lady just wanted me to arrange help with taking her dog out for walks.

‘I wanted to look at processes from a patient-centred point of view and challenge conventions’

And you visited the Houses of Parliament earlier this year?
Yes, I visited the Houses of Parliament on behalf of Macmillan in September, to take part in the Social Care at the End of Life Parliamentary Round Table. Macmillan is campaigning to make social care free for everyone at end of life, so that people with cancer can die at home if they wish.

Who is your biggest inspiration?
Lizzie is one of them, along with Jacqui Graves, Macmillan’s Head of Health and Social Care, and my colleague Julie Reece, Macmillan Occupational Therapist.

What is the most unusual job you have had?
My current role has involved doing some quite unusual tasks. We once organised accommodation for a homeless man and ended up helping him to refurbish the entire flat and move in, including carrying boxes up the stairs and packing Julie’s car. Aside from that I can often be found packing my car with a variety of things for work, from wheelchairs to commodes – you name it.

Macmillan’s cancer information fact sheets will now be available exclusively online at be.macmillan.org.uk
So, you’ll be able to access up-to-date content at the click of a button, wherever you are.
Look out for more information later this month.
Steps to help

Professor Rosemary Richardson discusses the development of a new approach to supported self-management

Macmillan, NHS Greater Glasgow and Clyde, and Queen Margaret University (QMU) in Edinburgh are working together to establish a new approach to supported self-management. It will involve training volunteers with a cancer experience to help others with the disease.

It is an ambitious project and involves a complex network of work streams including:

- developing patient and carer self-management skills
- preparing and equipping healthcare professionals to meet the needs of people affected by cancer
- developing an operative and evaluative framework to ensure effective operation of self-management interventions.

Policy context
Adopting this model of care will act as a catalyst for significant cultural change and service redesign, which is required if self-management is to positively impact on managing care behaviours and ultimately effect clinical and qualitative outcomes. The application of the self-management strategic agenda is reflected in plans for the centre where a whole systems approach will be employed (eg operational framework, user involvement, governance). This will ensure the effective implementation of self-management in topic-specific areas.

Empowering people
A key element of this project is to enable people affected by cancer to actively and effectively contribute to the management of their cancer. To achieve this they will develop self-management skills, including:

- problem solving attributes
- decision making skills
- appropriate use of interactive self-management resources
- ability to feed back on their self-management actions.

Macmillan Supporters
Macmillan Supporters are people affected by cancer who act to support people with cancer and their carers in a defined area of cancer care (eg nutrition, chemotherapy, radiotherapy, benefits, return to work, living with cancer). The theme ‘Steps to help …’ will be used across the programme. For example, rather than use the term ‘training’, which was considered to be off-putting by volunteers, ‘Steps to help you support others’ will be used in promotional and educational materials.

People affected by cancer who volunteer for the ‘Steps to help you support others’ programme will undertake quality-assured generic and topic-specific education developed by QMU. The associated robust governance framework assures Macmillan Supporters act safely and effectively when supporting people affected by cancer.

First steps
This brief review of the project outlines our first steps in establishing this novel approach. Self-management programmes comprise a labyrinth of elements that require integrated implementation and evaluation. Establishing the approach would seem a logical conduit for sharing self-management experiences, resources, methodologies and self-management integrative models. In today’s NHS, appropriately equipping patients and carers to self-manage seems an almost ethical responsibility of healthcare professionals.
Exercising changes

Erin Baker and Diane Morgan discuss the success of using the Lebed method – a therapeutic movement programme

Willow Burn is a small hospice offering palliative care services. Last year, an opportunity arose to develop its day services. This involved changing the hospice’s focus from a medical/nursing model of care, where patients often attended for an indefinite period, to a rehabilitation model, where clear goals and outcomes are recorded and attendance is time limited. We also wanted to dispel the myth that the hospice is for only very ill patients.

The primary aim of the rehabilitation model is to enable people with life-limiting conditions to maximise their full potential. After researching rehabilitation options, we decided on the Lebed method and undertook a three-day training programme to gain our instructor qualifications. This was funded by Macmillan.

The Lebed method

The Lebed method is ‘a therapeutic movement programme for […] people with any type of chronic illness, such as cancer, arthritis, MS or fibromyalgia’. The programme combines stretching with gentle movements from jazz dance and ballet. The routines, designed by the instructors, use props, such as hats, canes, feather boas, scarves and maracas. Using these props adds an element of fun and helps to increase strength and function.

During their first session, patients complete a needs assessment to determine the nature and duration of attendance. This will range from 6–12 weeks. Their progress is then monitored using MYCAW (Measure Yourself Concerns and Wellbeing) – a holistic outcome measure.

The Lebed method is complemented by a range of therapeutic day services led by the Therapy Team. These include occupational therapy, physiotherapy, tai chi, creative writing, art, complementary therapies and other therapeutic games.

The flexible service enables all patients to access multiple activities on a sessional basis to suit their interests and goals. Patients also have access to other multidisciplinary professionals.

‘Thank you for the exercises, for the friendship, for fun and laughter, and all the hard work’

Programme participant

Following the programme

After the programme, patients are either signposted to local facilities, such as the local gym, or they can access a six-week ‘Active Steps’ outpatient group, which is run at the hospice. This was set up as a self-referral group for people with cancer and other conditions. The group focuses on the Lebed exercises, but we offer sessions on managing breathlessness, relaxation, work issues, nutrition, massage and foot care.

Due to the success of our Active Steps programme, patients requested we set up an advanced Lebed class on a weekly basis, which has also been extremely successful. We have also shared our knowledge and expertise with other local hospices and schools, which are now awaiting their Lebed training.

Limited space within the hospice means class numbers are limited. However with plans for a new, purpose-built facility, patient numbers could potentially double.

Further information

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References
Dramatherapy – a psychological therapy

A unique six-week programme is helping people with brain tumours express themselves through creativity

Dramatherapy is a psychological therapy that adopts principles and techniques common to drama, theatre and psychotherapy. The aim is to promote personal insight, growth and healing.

In August 2010, the neuro-oncology service at King’s College Hospital, London piloted a six-week dramatherapy programme with funding from Macmillan. Dramatherapy had produced positive outcomes in palliative care and mental health settings,1,2,3 and due to commonalities between these patients and neuro-oncology patients, the service felt that it was worth further exploration.

The pilot programme was developed by the three dramatherapists from Beam Dramatherapy Group, who had been researching the use of dramatherapy in palliative care. They were supported by their clinical supervisor Anna Chesner.

Study methods

The aim of the pilot was to provide a safe, structured, six-week journey in which the patients could explore and identify their personal qualities, strengths and inner resources and apply these to manageable aims or goals.

The groups ranged from three to six participants and were recruited by the neuro-oncology nurse specialists. The small numbers allowed for additional support to be given to those with the most severe neurological deficits. For example, one group member was almost completely deaf as a result of his tumour, and could only participate with one-to-one attention from a dramatherapist.

The group members had a range of diagnoses from low to high grade primary brain tumours, and were at different stages of their treatment. The first intake focused on newly diagnosed patients. When this proved difficult to recruit to, it was opened up to people at any stage. This proved to be a positive change as it offered people who were further into their treatment the chance to prepare themselves for the uncertain future they were facing – something they didn’t feel they would have been able to do at an earlier stage.

Therapy model

The model was influenced and inspired by The Call to adventure: Bringing the Hero’s Journey to Daily Life2 by actor, director and teacher Paul Rebillot, and dramatherapist Roger Grainger’s, Into and out of chaos: dramatherapy and the symbolization of life changes.3

The structure of each session was consistent and included:

- an open circle for group members to share thoughts and feelings
- a main activity
- reflection
- a sharing circle to finish.

The first session focused on group boundaries, cohesion, connections and symbols of hope. The second session looked at establishing an actual and metaphorical safe space for group members, prior to entering more explorative

References

material. Session three identified ‘hero’ qualities (personal qualities that group members admire) and internal/external resources and strengths. Sessions four and five allowed the clients to look at the challenges ahead and find ways to apply strengths and inner resources to these challenges with the support of the group. The final session reflected on the individual and group process.

Measuring change
Before and after each session, members were invited to place themselves on or indicate one of three coloured squares representing their anxiety levels – (low) yellow, (medium) orange or red (high). This showed that overall the anxiety levels of the group stayed the same or decreased.

Findings and recommendations
Dramatherapy offered a positive intervention for the group, however the quantitative measurement tool used in this pilot did not accurately reflect the benefit that patients derived. In future, one-to-one interviews will be used to evaluate the benefit of this intervention. A pre-course interview could have been conducted as part of the recruitment process.

The main benefits were not easily measured but the qualitative feedback gathered by phone provided much greater insight into people’s experiences. The group valued and needed ongoing support and assistance to adjust to living with a long-term condition. The creative approach was popular as a gentler way of accessing emotions without feeling over exposed. It was also suitable for people with neurological deficits. Through this creative process, group members could get in touch with aspects of themselves that may have been forgotten due to trauma of diagnoses and treatment.

At the beginning of the six weeks even naming their diagnosis was a challenge as some struggled to come to terms with their condition. For the highest grade tumour, members strongly related the name to a death sentence. By the end of the process members allowed themselves to share the reality of their individual situations and identified their needs and aims. They were also able to seek help rather than feel alone and isolated.

The people who attended the dramatherapy courses commonly did not attend a brain tumour support group prior to the intervention. This was due to not understanding what was involved in a support group. They had also not placed value on peer support until this time. Attending the course led to increased interest in attending a support group once it finished.

Going forward
Four groups were run in total. There is demand for further courses but there is no funding for this at present.

People with brain tumours are surviving longer and neuro-oncology services need to adapt the support offered to patients to reflect this. If funding can be sourced, dramatherapy would be a beneficial psychological intervention for this patient group as part of the holistic support provided through neuro-oncology teams.

‘The group helped me a great deal to put my life back on track and move forward’
Living with a laryngectomy

A team of Macmillan professionals and local support groups created two successful films about the issues people face following a laryngectomy

People who have an advanced laryngeal cancer will often be faced with major surgery to remove the larynx (total laryngectomy). This results in permanent separation of the upper and lower respiratory tract and leaves the person with a permanent neck stoma. These changes alter the way in which a person can perform vital functions, such as breathing, eating and producing voice. These then result in many rehabilitation challenges, including adapting to changes in body image and learning a new way to produce voice.

One of the ways in which laryngectomees and their carers in Brighton receive support is through Yakity Yak, a local laryngectomy support group at the Sussex Cancer Centre, which is part of the Sussex Cancer Network.

Our project
In 2009, during one of the Yakity Yak meetings, several stories were shared within the group about the challenges of communicating in public places. Following this, the group decided to design an education tool to share with the local community about communicating after laryngectomy.

We sought funding and approval from Macmillan and the network to create two short films – the first to educate the public about communication issues, and the second for people living with the long-term effects of laryngectomy. Funding was approved in December last year and we got to work.

Several focus groups were arranged and we also worked with another support group called Necks Best in Sussex. With the help of Michael Danks, a professional film producer, we designed the films with a local theme, including local figures such as the police. We also filmed in buses and at the local train station.

Michael said, ‘Questions across the subjects elicited a rich variety of responses. The individual contributions were edited together to provide a seamless voice of a group with a coherent message.’

We wanted to make the films widely available to the public and also target specific local groups. This gave us the idea of sharing the films on YouTube. After weighing up the risks and benefits of sharing information of a personal nature, the group agreed unanimously to post the first film on the website. It was then agreed the second film would be used to support laryngectomees, their carers and families after surgery.

Challenges
Making time to meet the film producer and ensuring the films delivered the key messages were the two main challenges. It was a struggle meeting specific deadlines while working with outside agencies, as well as carrying out our daily clinical duties. An important aspect of filming was to allay fear among some of the group members when being filmed. The producer gained their confidence very quickly by attending support group meetings and

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filming as and when needed. This allowed a relaxed environment, creating a trusting friendship between the producer and the laryngectomees.

Benefits
Since posting the first film about communication issues on YouTube it has become clear to us how useful others find and use this resource. The film has had over 38,000 hits and 34 people have taken the time to write specific comments. Some of the comments we received include how the film has given support and reassurance to families and carers, and people before and after laryngectomy.

Feedback
We ran a small local survey of people within the hospital who had viewed the film to gather some feedback. So far 100% of those who have watched the film would recommend it to others. 60% felt it could be used in the workplace as part of a training package. 40% of those who watched the film said they come into contact with a person who has a communication difficulty at least once a day. Overall, 80% felt that it was a positive experience to watch the film, with 60% stating they had gained new knowledge.

A personal experience
The members of the support group were all surprised at how much they learned and enjoyed the experience. One particular member has put his thoughts in writing: ‘When it was first suggested I was doubtful I could make a positive contribution, as I was concerned about the quality of my voice. When we all started chatting about the subject, I realised what a great idea it was. It was a very worthwhile project and one that I am proud to have been asked to contribute to.’

How are the films being used?
The positive feedback we have received from YouTube and from the survey responses has encouraged us to share the DVD with specific groups to support education and health promotion. Our local hospital Trust and the community NHS services have shown interest in using this communication film within their staff induction programmes. We have shared the films with other local services including the police force, ambulance service, fire and rescue services and Gatwick airport.

The films are on learnzone.org.uk, or on the Royal Sussex County Trust hospital website. The films are also in DVD format from Chris and Jo, for £5 each, as a contribution towards postage and package.

Communicating after laryngectomy: Doreen and Ivan share their experiences

YouTube feedback
I’ve been a ‘lary’ for over seven years and this is one of the best clips I have seen. Well done to all concerned

My Dad is undergoing this operation in a few days – this video makes me feel more optimistic
Nutritional support

A change to dietary protocol improves recovery after surgical resection of oesophageal cancer – Fiona Macharg explains

Esophageal cancer is the fifth most common cancer in the UK. Despite improvements in diagnosis and treatment, only 20% of people diagnosed are suitable for curative treatment. The best chance of survival is with an oesophageal resection. This major surgical procedure has a high mortality risk, a 9–12 month recovery time, and results in life-long changes to basic dietary habits.

Oesophageal resection significantly alters the gastrointestinal tract, not only reducing a person’s capacity for food, but also digestive capabilities and psychological associations with food. Inadequate nutritional intake can have significant consequences, including: impaired immune function, weakness and fatigue, immobility and social isolation, poor quality of life, and an increased burden on the NHS.

I support patients through diagnosis, treatment and recovery from surgery. They will have a feeding tube (jejunalostomy) sited at the time of their surgery to provide access for nutrition support post-operatively, and be given detailed dietary advice to support the re-introduction of an oral diet.

Our previous practice was to remove the feeding tube shortly after discharge. We audited this practice and found that 51% of patients were unable to meet their nutritional requirements orally, subsequently losing a significant amount of weight and needing to recommence enteral nutrition support in the first three months following discharge. This was clearly impacting on the patients’ recovery.

In April 2011, we changed our post-oesophagectomy nutrition support protocol, extending the period of time patients received supplementary nutrition.

We monitored patients’ weights and readmission rates and compared it to the results prior to changing our practice.

Sixty-seven consecutive patients undergoing oesophageal resection for cancer of the oesophagus were analysed. This included 46 patients prior to our change in practice, and 21 following the new protocol.

Patients who did not routinely continue their supplementary nutrition on discharge experienced a mean weight loss of 6kg (range of 14.7kg–2.1kg) in the first three months following discharge, with 16 patients experiencing clinically significant weight loss (>10%). 51% of these patients recommenced supplementary nutrition at some point during this time and nine (24%) were readmitted to the unit. Patients who continued receiving supplementary nutrition support after discharge experienced a mean weight loss of 3.8kg (range of 10.3kg–4.8kg) with four maintaining or gaining weight. Three (17%) patients were readmitted to the unit. The readmission rate was 24% in the first group and 17% in the second group.

Our results showed that patients who had continued on supplementary nutrition had significantly less weight loss than those who didn't have planned feeding (p=0.03). The readmission rate was also reduced.

By auditing our practice and making changes to our management protocols, our patients’ post-oesophagectomy recovery has improved, allowing patients to recover quicker and get back to their normal lives.

Thanks to an education grant from Macmillan, I presented our research at the International Society of Diseases of the Esophagus Annual Conference in October.
The initial symptoms of some cancers can be difficult to distinguish from the symptoms of other more common disorders, and delays can occur between the first presentation and referral for a suspected cancer.

Survival rates
Late diagnosis is the single biggest cause of the relatively poor survival rates from cancer in England. This is particularly evident for breast and bowel cancer. Older people and those from deprived areas are also more likely to be diagnosed with cancer at a more advanced stage.

The Cancer Reform Strategy promotes further work with primary care professionals to ensure patients who present with possible cancer symptoms, have the appropriate investigations or are referred rapidly to a specialist for investigation. Early referral has a role to play in improving care for people with cancer, and in some cases, may improve survival rates.

Guidance tool
To help with this issue, the Early Presentation of Cancer Programme (EPOC) is training GPs to use a rapid referral guidance tool developed by Macmillan. EPOC was set up in 2009 to lower cancer mortality rates in Lincolnshire’s growing and ageing population.

The tool will help GPs make decisions about when to refer people to specialists when they present with symptoms that could be caused by cancer. The tool is not about treating cancer, but sits on the GP’s desk and contains a summary of the guidelines from the National Institute for Health and Clinical Excellence referral times from primary care to specialist investigation for people with suspected cancer, and information about symptoms and risk factors. The tool covers:
• lung cancer
• upper gastrointestinal cancers
• lower gastrointestinal cancers
• breast cancer
• gynaecological cancers
• urological cancer
• haematological cancer
• skin cancers
• head and neck cancer, including thyroid
• brain and central nervous system cancer
• bone cancer and sarcoma.

‘The guidelines help GPs decide when to follow the two-week referral system for seeing a specialist’

Training to enable GPs to use the tool was delivered at the Marisco Medical Practice in Mablethorpe by Dr Irene Carter.

Dr Carter says, ‘Having done an audit of our two-week wait referrals we were concerned about the wide variation within our practice. The guidelines help GPs decide when to follow the two-week referral system for seeing a specialist.’

The tool is currently being used by 10 GPs in Mablethorpe and Skegness, and after an evaluation of the pilot, we plan to offer the tool and training to every GP in the relevant Clinical Commissioning Groups by the end of 2012.

EPOC is funded by NHS Lincolnshire and Macmillan and delivered by the registered charity developmentplus.

References
Thinking positively about work

Dr Gail Eva, Research Fellow at University College London, says work should be discussed with patients from diagnosis onwards.

Between April 2010 and July 2012, the National Cancer Survivorship Initiative (NCSI) undertook an extensive pilot project to examine how work support for people with cancer could be improved. Seven pilot sites across England were funded to develop services to help people with cancer remain in or return to work.

The overarching finding of the NCSI project is that the impact of cancer on a person’s employment should be discussed from the time of diagnosis, and remain a topic of discussion throughout the treatment pathway and on into life beyond cancer – or end-of-life care, where that is appropriate. It should not be an add-on service, offered only when problems arise.

Health and social care professionals have a vital contribution to make. The five ‘Rs’ summarise the role of doctors, nurses, allied health professionals, social workers, cancer information specialists and other staff with whom the patient comes into contact.

1. Raise work issues with patients early, in a sensitive and acceptable manner.
2. Recognise the risk factors for poor work outcomes.
3. Respond effectively to the straightforward work problems that patients identify.
4. Refer patients who have more complex difficulties to appropriate specialist services.
5. Revisit work issues at intervals during treatment.

It’s important to provide early and ongoing support, but this is not straightforward; it’s often only in retrospect that patients recognise problems. And professionals are understandably cautious about raising work issues around the time of diagnosis, not wanting to seem inappropriate and insensitive. Patients suggest that asking a question like, ‘What things in your life are affected by your diagnosis and how can we help you with these?’ is likely to elicit more useful information than, ‘Is work a problem?’.

Professionals then need to look out for risk factors, for example, has the person made contact with their employer? Is the person self-employed? How flexible is the job?

It’s not necessary for professionals to become experts in vocational rehabilitation and employment law. But it is necessary for them to understand that meaningful work is an important component of people’s well-being, and that they should do all they can to enable patients to think positively about work.

Further reading
The NCSI’s final evaluation report, Thinking positively about work, is available from ncsi.org.uk
Talk to patients at an early stage
Dr Anne Lee, Macmillan Consultant Clinical Psychologist
Often work concerns arise toward the end of treatment, when people want to return to work and to normality. A main worry for people is the physical and psychological impact of cancer and its treatment. For example, how fatigue and low confidence may prevent them from doing their job.

We support people by talking things through and providing practical support. For example, we help to get structure back in their day or practise difficult conversations. I often suggest that people meet with colleagues before they officially return to work to gain more confidence.

If a person has had a return to work that hasn’t gone well, we explore a way forward. Sometimes I contact the employer’s HR department or send a report on the patient’s behalf. I’ve found that small companies, which haven’t had a lot of experience with cancer really appreciate this.

My advice to healthcare professionals is to explore the situation sensitively from an early stage to prevent problems later on.

Work is an important part of life for many people, as it can give a sense of purpose and social inclusion. I am interested in how cancer impacts on a person’s life as a whole, so that is what we explore.

Go at the person’s pace
Debbie Smith, Macmillan Information and Support Centre Manager
At the Macmillan Cancer Information and Support Centre in Wythenshawe Hospital, we see people of working age on a daily basis.

When people talk to us about work, they can be concerned about losing their job, income, skills, friends and support, confidence, status and fringe benefits. They may also have concerns about returning to work as they may not be able to carry out the same role because of physical and psychological difficulties. For others, it may initiate a whole different outlook and they are relieved to give up work or change roles.

Once concerns are voiced, people are so relieved that we can support them and are often surprised that this is part of Macmillan’s service offers.

We go at the person’s pace and always allow for a follow-up session as some cases may be quite complex. We tend to look at trigger points in the patient care pathway as we do with benefits advice. We are also fortunate to have access to a specialist Macmillan/Shaw Trust job adviser.

We have created a Friday morning ‘drop in’ within the centre. We not only support individuals, but we inform and raise awareness of cancer in the workplace with local businesses and employers.

Can we talk about work?
You don’t have to be an expert to talk about work. This bite size e-learning course can give you a better understanding of the issues people affected by cancer can face in the workplace. Access the course for free at learnzone.org.uk. We also have the Working with cancer course, which covers the occupational impact of a cancer diagnosis on working age adults.

Work support route guide
This is a practical tool to support professionals to have a conversation about work. It suggests questions to ask and provides signposting information to give to your patients.

To download the guide and for more information and videos about work and cancer, visit macmillan.org.uk/work
There is no shortage of evidence documenting the devastating effect that a cancer diagnosis can have on an individual and their family. In recognition of this, one of the key measures of the Welsh Government’s Together for Health – Cancer Delivery Plan for the NHS to 2016 is ‘improving information to patients and families’.

To deliver on these outcomes, Macmillan and Cardiff and Vale University Health Board developed a Macmillan Information and Support Centre at University Hospital of Wales in Cardiff. It’s the first centre of its kind in south Wales and has been running since April, with an official opening by Welsh Health Minister Lesley Griffiths in November.

The centre is primarily used by patients, relatives and carers, but it also helps staff to provide information to their patients or to meet their own information needs. It recently extended its opening hours from 6am–10pm, seven days a week.

**Information provision**
The centre provides visitors with relevant, accurate and timely information and support through:

- free access to cancer information in a range of formats
- time to talk confidentially
- signposting visitors to local services and national and local support groups
- health promotion information
- cancer screening and health awareness
- Relate Cymru counselling services
- Cruse bereavement counselling services
- access to financial advice and benefits information through Citizen Advice.

**Visitors numbers**
Around 1,670 people have visited the centre so far and 8,011 Macmillan booklets were taken between April and October. Feedback has been positive and the following quotes are examples of comments that have been received: ‘I wish they had a place like this seven years ago when my husband was diagnosed with cancer … I could have done with support and information then … but this is a lovely centre very welcoming.’

Another positive comment was from a regular visitor who is a social care professional: ‘The feedback that I have received from clients who have utilised the services is very positive. They find the centre very welcoming and have indicated that they would like to return for more support.’

Susan Llewelyn, Macmillan Information and Support Facilitator, on the achievements of a new information and support centre in south Wales
The feedback that I have had back from my patients is that visiting the Macmillan Information and Support Centre is a very helpful and positive experience.’

Data collection
From the results of the Macmillan Data Forms, it is clear that the top three enquiries are about:
• general cancer information
• emotional issues and relationships
• welfare and benefits advice.

The data has also provided a visitor profile. So far, over 20% of visitors have had ‘advanced metastatic secondaries’ and another 20% of visitors were at an ‘early disease stage of cancer’.

The data also highlights that 24% of visitors did not have cancer, but were visiting the centre for health promotion, screening issues and general enquiries.

The information and support provided at the centre is measured as ‘outcomes and referral/signposting’ on the data forms.

The information for the first quarter is dominated by verbal (26%) and written (24%) books and leaflets. Information was also given out through internet/website use (6%) and visitors were signposted to other services and support (15%). (See graph).

Volunteers
Three Macmillan volunteers have been recruited to support the centre and staff and volunteers can converse with visitors in Welsh, English and Urdu.

Future plans
We plan to place an electronic information pod outside the centre for all visitors to access. Work is also in progress to evaluate the service through patient stories, with key themes of cancer, carers and information.

Due to the centre’s success, another centre is planned at the University Hospital of Llandough and the Barry Hospital in the Vale of Glamorgan. It is thanks to Macmillan that the centre is a valuable resource to all visitors.
Feature Learning and development

Training to deliver good nutritional care

Debbie Provan, Macmillan Project Lead Dietitian, shares the development and success of an award-winning nutritional education programme

In 2009, the dietetic team at NHS Ayrshire and Arran set out to ensure that cancer care professionals have the knowledge, skills and confidence to deliver good nutritional care to people living with and beyond cancer.

A training needs analysis from 2006 had identified a gap in this area. The training was also motivated by the knowledge that cancer incidence continues to increase, and that around 40–45% of all cancers diagnosed in the UK could be avoided if people made appropriate lifestyle choices. The risk of cancer recurrence could also be reduced through post-diagnosis weight management programmes.

Development

With support from Macmillan, the team developed an education programme with two main products:

- An e-learning programme entitled Nutritional Care of People Affected by Cancer: An Education Programme
- A virtual classroom lecture series, delivered live and then recorded as podcasts.

A scoping exercise with staff, literature search and review, and consultation with key stakeholders guided the development of the e-learning programme’s content. From this, an introduction and five modules were created. These were:

- Weight
- Therapeutic, complementary and alternative diets
- Medications and treatments
- Provision of information
- Body image.

Patient and carer stories were also embedded within the e-learning programme to re-enforce key educational messages, and encourage reflection on current working practices.

The virtual classroom lecture series was developed to explore some areas of the programme in more detail, and to encourage discussion and peer assisted learning. Topics included: current science; information and support; nutritional issues for people with breast cancer; and cancer rehabilitation and survivorship.

Promotion

Promotional presentations were delivered to multi-professional groups at a local and national level, and abstracts were presented as posters at national conferences. Articles about the e-learning package and podcasts were also published in relevant publications.

In 2011, the project was awarded with an AHP Advancing Healthcare Award for Achieving Excellence in Learning and Development. As a result, the project featured heavily in Dietetics Today and a motion was passed by the Scottish Parliament congratulating the team.

Evaluation

e-learning

Between May 2011 and June 2012, 1,417 people from 22 different countries had enrolled on the e-learning programme, between May 2011 and June 2012.

References

enrolled on the e-learning programme.

A team at the University of Glasgow was recruited to carry out an evaluation. At a six month follow-up, 88% of those questioned agreed that the course fulfilled their expectations and around half of the participants said they had changed their practice as a result of the course. An increase in confidence about their knowledge on complementary and therapeutic diets (58%) and on fad diets (55%) was reported. However, knowledge about nutritional screening was not retained by the majority of participants. Overall the education programme was well received. It is available on learnzone.org.uk

Patient and carer stories
The inclusion of patient and carer stories and their impact on the effectiveness of the education programme was evaluated:

- 79% of respondents felt the stories increased their knowledge.
- 85% noted an increased ability to empathise with patients and families.
- 89% were encouraged to reflect on their own clinical practice.
- 89% had a greater understanding of the messages relayed in the e-learning package due to the inclusion of stories.
- 100% of respondents felt the stories helped them understand how the application of the programme’s key messages in clinical practice could improve patient care and the healthcare experience.

Virtual classroom
Despite wide-spread advertisement and frequent attempts to engage local staff, the project team had difficulty recruiting staff to the virtual classroom. Several staff members from outside NHS Ayrshire and Arran also found that their local IT systems prevented them from participating.

However, those who did engage responded well to the sessions. Many felt that it was a great way to learn and that their knowledge and understanding of nutritional care in cancer had improved. Some also stated they couldn’t have attended a lecture delivered in a traditional way due to travel and costs.

Each classroom session was recorded and posted as a podcast on concernursing.org. Around 1,500 people have accessed these to date.

Conclusion and recommendations
The project and its products have been well-received locally and nationally. Evaluation results show that staff have improved knowledge, skills and confidence levels, and it is hoped and believed that this will positively impact on patient care.

This piece of work has begun to look at the promotion of health within the cancer survivor population, however it has also highlighted where further work is needed. We must continue to work in partnership with staff to embed changes to further improve nutritional care. In particular, it is recommended that:

- the local dietetic department continues to support developments in the cancer pathway that provide opportunities to improve nutritional care
- certain areas of the cancer pathway, and the nutritional interventions at these points, need to be strengthened
- nutritional screening is firmly embedded and management strategies are universally applied across all inpatient wards
- the role of allied health professionals (AHPs) within cancer services is promoted and AHPs continue to work together to improve services, collect evidence and achieve patient-led outcomes
- IT systems are reviewed to support blended approaches to teaching and learning. Staff should also be encouraged to use and develop intranet resources to improve communication and access to information.

The future
Macmillan and NHS Ayrshire and Arran have developed another proposal that builds on progress so far. Over the next two years a project team will work to embed changes in practice and strengthen nutritional care pathways. They will develop models of supported self-management, improving access to dietetic services and improving the range of services available to cancer survivors and those receiving palliative care.
Resources

New

Your life and your choices: plan ahead
MAC13616
A guide to planning ahead and making choices about future care.

Cancer and older people
MAC11666
Using large-print text and accessible tables, this booklet suggests questions that can be asked about symptoms, diagnosis, treatment, life after cancer and palliative care.

Dying with cancer: a booklet for prisoners
MAC13617
A booklet for prisoners who have cancer and are likely to die in the next few months. It explains who will be involved in their care, where they will be cared for, and coping with feelings.

Updated

Cancer genetics – how cancer sometimes runs in families
MAC11673, 4th edition
Essential reading for anyone worried about their genetic risk of cancer. Includes information about genetic counselling and what may help if you’re living with an increased risk of cancer.

The cancer guide
MAC5765, 5th edition
This guide explains the different stages people go through when they have cancer, the role of various cancer organisations, and how different professionals can help.

Understanding chemotherapy
MAC11619, 13th edition

Understanding lung cancer
MAC11632, 14th edition

Getting patients active
Macmillan has put together a guide to help you to set up a physical activity service in your area. It includes practical advice from professionals who have seen successfully managed schemes, as well as information about how to plan, communicate and work with others to set up a service to deliver positive change. For more information, please contact Elaine McNish on 020 091 2475 or emcnish@macmillan.org.uk

To order free copies
Visit be.macmillan.org.uk or call 0800 500 800. Some of our resources are also available on CD.

Crossword

Clues across

1 Butterfly whose larvae eat greens (7–5)
7 Zigzag fold of hair
8 Sluggish
10 Old local authority charge
11 Commotion
13 Scamp
15 Eighth month
17 Corn or maize
18 Mournful song
19 Nozzle
21 Complain and grumble
22 Fruit and veg enterprise (6–6)

Clues down

1 Capital of Denmark
2 Whereabouts in relation to points of a compass
3 Female movie star
4 Spring Christian festival
5 Sound a goose makes
6 A pair
9 New Zealand capital
12 Neck of mutton (5–3)
14 Mathematics using symbols
16 Object at which marksman aims
18 Pack of cards
20 Eggs