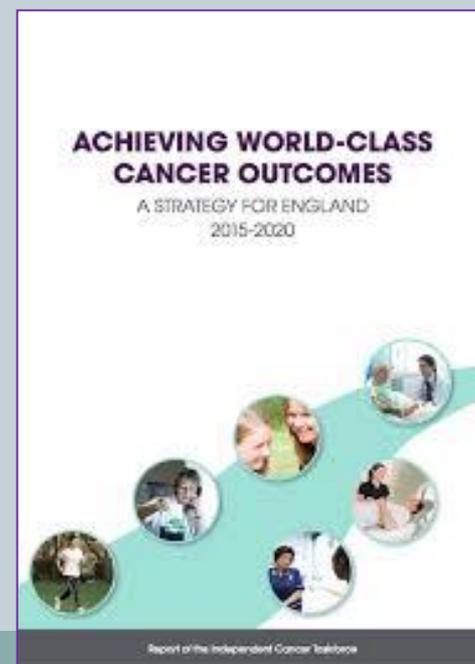
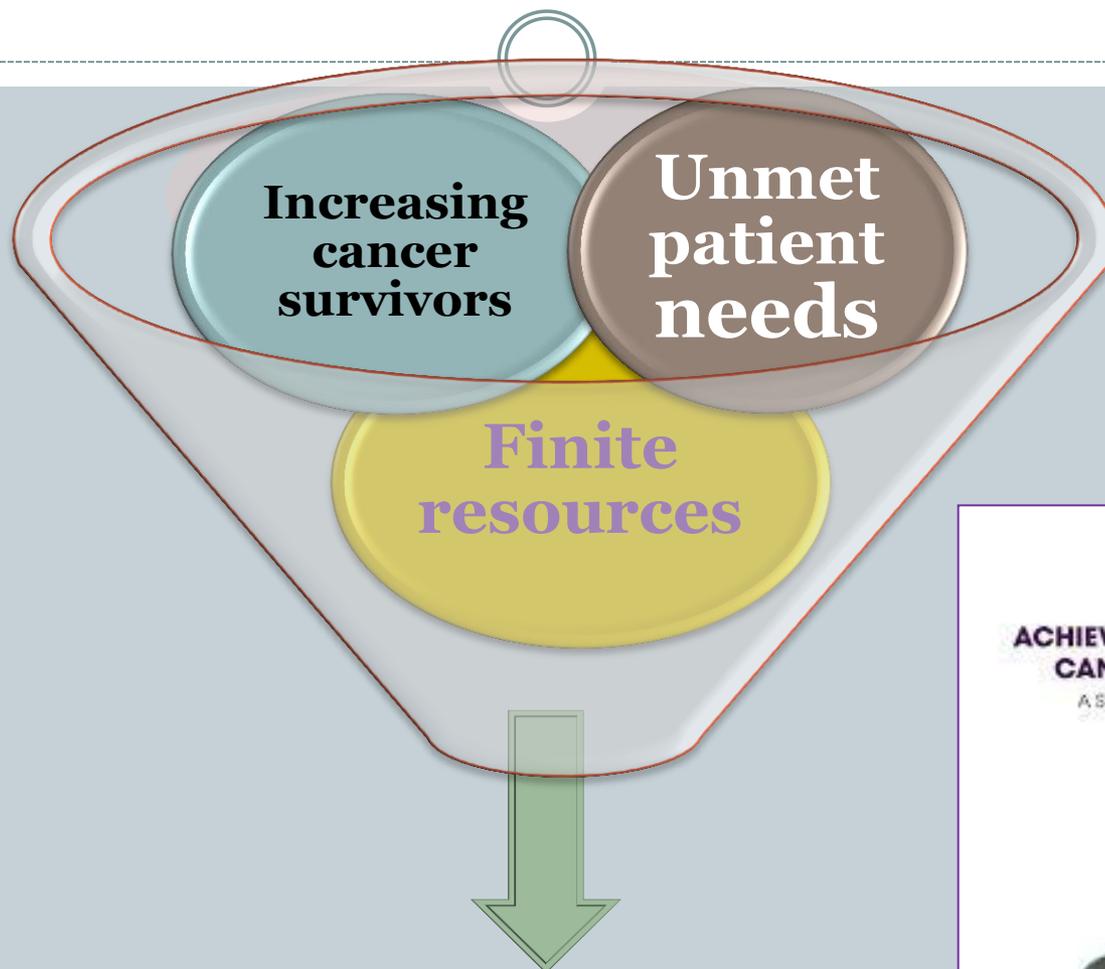


Macmillan Living with and beyond Cancer (LWABC)



SARA ANDREWS
PROJECT MANAGER FOR BARNSELY
2018-2020

The cancer picture in recent years...



Achieving World class cancer outcomes



PREVENTION

- Aim to reduce adult smoking to less than 13% by 2020
- New tobacco control plan
- National obesity plan



EARLY DIAGNOSIS

- Faster investigation
- Implement new NICE guidelines
- More diagnostic capacity
- Definitive diagnosis in 4 weeks



PATIENT EXPERIENCE

- Electronic access to treatment records
- Access to clinical nurse specialists
- Cancer Patient Experience Survey continued
- Metrics used to drive improvement

ACHIEVING WORLD-CLASS CANCER OUTCOMES

A strategy for England 2015 – 2020

Report of the independent  Cancer Taskforce

More information at bit.ly/cancerstrategy2015



LIVING WITH AND BEYOND CANCER

- Recovery package
- Tailored follow-up
- Measure and incentivise quality of life



MODERNISING CANCER SERVICES

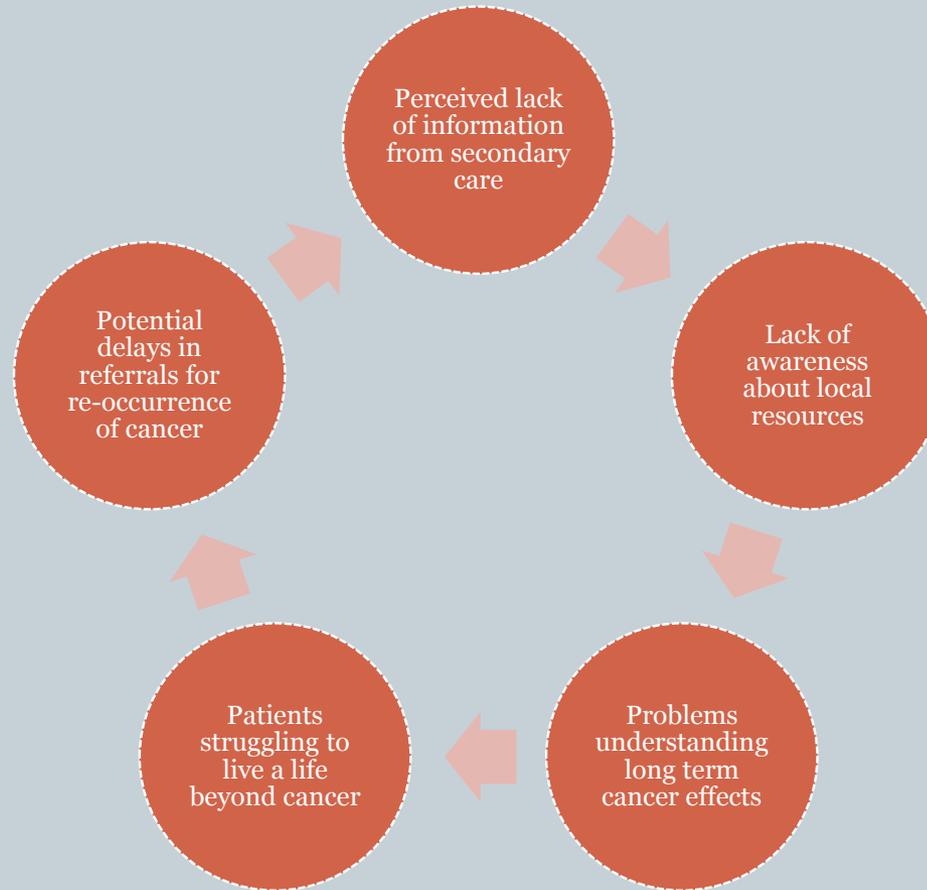
- Fix workforce deficits
- Update radiotherapy machines
- Streamline access to drugs
- Support research



COMMISSIONING, ACCOUNTABILITY AND PROVISION

- Guidance on commissioning
- New improvement alliances
- New models of care

Issues so far?



**CANCER
DOESN'T ALWAYS
STOP WHEN
TREATMENT
ENDS**

How can we ensure everyone gets the support they need to live well with and beyond cancer?

This has all led to the LWABC programme



Macmillan has invested over £6m across the Regional footprint (SYB&ND) to deliver the programme to three cancer groups (breast, colorectal and prostate) to address the patients' holistic needs to cancer care and enable a better life now and beyond – right up to the end of life

Aims of the programme



To address the patients' holistic needs to improve the patients cancer pathway and journey beyond, to improve quality of life

- Strengthen patients coping mechanisms
- Improve integration of services
- Reduce unnecessary GP/ clinic attendance
- Signpost patients early according to where needs are 'best placed'.
- A 'Shared care' approach

LWABC 'Must do' deliverables by 2020 for Barnsley



1. Implement The Recovery package locally which includes:

e-HNA - electronic holistic needs assessment from BHNFT

Care Planning– e-HNA and meaningful conversation leading to a care plan that offers full holistic domain review of patients needs which comes out to primary care via ICE.

Treatment summaries - clear treatment led information on the consequences of cancer treatment, improving communication between primary and secondary care.

Cancer care reviews – full information to assist primary care on relevant information to perform CCR's to improve the patients quality of life. Using the Macmillan cancer care review template as a guide.

LWABC 'Must do' deliverables continued



Health and wellbeing events – Educating patients in our area to 'live well' with cancer from treatment right up to the end of life. Signposting and directing patients to available resources locally utilising BMBC's 'Live Well Barnsley' site for information.

2. Implement Stratified pathways including:

Risk stratified pathways - profiling patients after treatment for cancer that is based on their individual and clinical pathway needs with clear plans given for 'High' and 'Low' risk patients and follow up of these.

Supported self management – helping patients 'self manage' after treatment and know where to be signposted regarding life after treatment – accessing resources when needed

CCR



- Most patient focused studies and the patient focus group indicated that patients would welcome a CCR with their GP.
- The CCR provides an opportunity to address patient's holistic needs and on-going support and information
- The CCR template devised by Macmillan was seen as a useful tool to use as part of the process however both patients and GPs did not want a tick box exercise.

CCR



- Research indicates there is a potential role that primary care can play in the management of the long-term consequences of cancer treatment.
- There is increasing evidence to suggest that patients who are supported and informed and can self-manage may achieve the best health and quality of life.
- With increasing numbers of people surviving their cancer diagnosis, cancer follow up in primary care is likely to start to resemble that of other long term conditions like COPD or Diabetes.
- Evidence suggests some people living cancer are followed up more frequently than others and therefore there are inconsistencies across tumour sites

LWABC Resources



- Macmillan bids available to support the project for e.g. Macmillan funded member of staff to support clinical teams in primary care, Macmillan funded support staff in acute care to support the e-HNA process
- Project manager until 2020
- Improved electronic resource links
- Better understanding and information
- Macmillan cancer care review template
- Macmillan education and learning programmes

LWABC Education events

- Training opportunities for patients as well as for staff across all sites in Barnsley on all aspects of the recovery package, HNA, Cancer and mental health, Motivational interviewing and sage and thyme training.



Commitment across the locality



To implement the programme we need on-going agreement to attending the LWABC locality meeting:

- GP representation... (additional name welcome)
- Secondary care
- Community care
- Hospice and specialist palliative care
- Third sector agencies
- Social care
- Council

Commitment needed from Primary care



- Commitment to the LWABC project
- Agreement to pathway changes
- Partnership working across all the providers
- More consistent processes around patient Cancer Care Reviews / assessments – aligned to the long term conditions agenda
- Primary and secondary care signposting to relevant services in the local community utilising ‘Live Well Barnsley’
- An integrated approach of care for patients

Programme expectations from secondary care



Improved communication leaving
secondary teams

Patients knowingly taking
responsibility

Referrals to third sector and
additional support services

Early knowledge of side effect
profiles given to patients

‘Prescriptions’ of holistic care

Individual quality electronic
needs assessment and care plans

“Right place/ right time”
approach

Programmes of 'prescribed' care locally include:



- HOPE COURSE – 6 week facilitated course
- SOHAS SERVICE – Occupational health
- ANXIETY MANAGEMENT
- THE WELL – Complimentary therapy services
- LOOK GOOD FEEL BETTER
- LIVE WELL BARNSELEY SITE
- CANCER CHOIR
- Barnsley Cancer Action Group
- The Exchange (Recovery college) SWYFT

Programme expectations from Primary care



Patients taking ownership and some responsibility for health

Local resources being available and accessible/ signposting opportunities

Early knowledge of side effects of treatment

Quality cancer care reviews/ utilising Macmillan CCR template

Improved communication across health services

“Right place/ right time” approach

Any questions...?



- Contact information...

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