Welcome to the Autumn edition of the Cancer Services Newsletter

Inside this issue:

- Living with and beyond cancer
- Transforming end of life care
- Sage and Thyme communication skills course
- Keeping a cool head
- HOPE coming to North Manchester
- Launch of cancer buddy scheme
- Raising the profile of ovarian cancer
- Oral mucositis website launches
- Trust meets challenge of cancer waits
- Intranet site for cancer and palliative care
- Local voice at national level
- Local voice at national level
- Reconfiguration of HPB surgical services
- Information pack for managers
- Cancer team contacts

Living with and beyond cancer – cancer services in the 21st Century

Two key documents ‘Living with and Beyond Cancer: Taking Action to Improve Outcomes’ and ‘Innovation to Implementation. A ‘how to’ guide’ have recently been published, outlining how services for people with cancer should be developed to support them to live well with and beyond cancer.

The documents are the result of work originally identified in the Cancer Reform Strategy, 2007, which led to the setting up of the National Cancer Survivorship Initiative, a partnership between the NHS and Macmillan Cancer Support.

The reports identify key changes which need to be made for services for cancer patients once they have completed treatment and also actions needed to aminimise the impact of diagnosis and treatment which are likely to affect survivorship. This represents a major cultural shift which emphasises the need for a greater degree of shared decision making, better management of the consequences of treatment, and empowerment of patients to self-manage in order to promote, support and sustain recovery.

The number of people surviving a cancer diagnosis is increasing - estimated to be 2 million people in 2008, and 3 million by 2030. Cancer and/or its treatment can be extremely debilitating and can adversely affect many areas of patients’ lives as well as increasing their risk of developing other conditions. As more people survive cancer their longer term needs are becoming clearer, including the fall-out from a cancer diagnosis and the long-term side effects of treatment, which can sometimes take many years to become apparent. Many cancer survivors currently have unmet needs especially at the end of treatment, or struggle with consequences of treatment which could be avoided or managed. The main focus of cancer care currently is on curing cancer and detecting recurrence with little emphasis on improving the well-being of cancer survivors. More can be done earlier in the pathway which will impact positively on recovery, and practice has to change with regards to care once treatment ends; not only is it unsustainable financially and practically as more people survive a cancer diagnosis, but it is not meeting patient’s needs.

To address the change in the management of cancer patients that this will require the Trust has set up a ‘Living with and Beyond Cancer’ steering group which meets bi-monthly and reports directly to the Pennine Acute Cancer Committee. The group’s remit also includes information prescriptions for cancer patients, holistic needs assessment, development of the Trust’s cancer information and support service and cancer patient experience. On September 17th a ‘Big Conversation’ event is also being held which will bring together key stakeholders to start to address the challenges and identify the way forward in relation to this important initiative.


For more information please contact Felicity Keeling, Macmillan Information and Support Service Manager, 0161 604 5244 or email felicity.keeling@pat.nhs.uk
Transforming End of Life Care (EOLC) in acute hospitals - The route to success
(National End of Life Care Programme, NHS)

The Trust’s Executive Board has recently approved the implementation of a programme aiming to transform care provided to patients who are at the end of their life. The initiative embraces the expertise of two national programmes (‘The route to success in EOLC: achieving quality in acute hospitals’ and the NHS institute for Innovation & Improvement’s ‘Productive Ward: Releasing time to care’ series). This exciting move uses service improvement methodology to implement best practice for EOLC and identifies key tools which support its provision.

The initiative is part of the Department of Health’s End of Life Care Strategy published in 2008. The strategy is a blueprint for improving the care of all dying people regardless of diagnosis. It emphasises that improved EOLC provision in acute hospitals is crucial, especially as this is where more than half of all deaths currently take place. As well as ensuring that those who die in hospital have a ‘good death’, the strategy calls for improved discharge arrangements and better co-ordination within a range of community and social care services so that more people can die at home if that is their preferred choice. The improvements expected as a result of implementing the programme are

- better experience and quality of care received
- more people able to die in the place of their choice
- fewer inappropriate interventions for patients
- a reduction in the number of unplanned hospital admissions
- patients not having to stay in hospital longer than necessary
- improved staff morale and staff retention
- a more skilled workforce
- fewer complaints and improved reputation for the Trust
- more effective management of resources

The approach will also embed EOLC as a core responsibility of every hospital and health care professional and help them deliver excellence for people at the EOL and their families.

The trust has also developed an action plan in order to address the recommendations of the independent review of the Liverpool Care Pathway. This includes taking immediate actions in line with the guidance issued by NHS England (see: http://www.ncpc.org.uk/publication/guidance-doctors-and-nurses-caring-people-last-days-life), which is now reflected in all education programmes and training sessions within End of Life Care.

For further advice or guidance please contact: Christine Taylor End of Life Care Facilitator: Telephone 0161 656 1253 (71253 internal).

Sage & Thyme communication skills course

SAGE & THYME is a communication model for training health and social care professionals in providing patient focused support. It is based on research into effective communication and was developed by staff at Wythenshawe Hospital and designed as a foundation course to enable staff in all settings to give level 1 psychological support, whatever their role. Level 1 support is described as general emotional care, and can be given either face to face or via telephone. The model can be taught to any member of staff (e.g. healthcare assistants, nurses, allied health professionals, doctors, administrators, students, volunteers) who come into contact with distressed people (not just patients) and in any setting (e.g. hospital, patient’s home, nursing home, hospice, social care).

We all come across emotional situations that seem difficult to manage, whether it is shown as distress, frustration or anger. It can be all too easy to avoid getting involved or brush over the concerns of a patient/carer, this however does not help the person and can make their emotional problems worse. Using the Sage and Thyme model can give people the confidence to deal with these situations, and provide them with emotional support. The half day course encourages staff to listen and respond in a way which empowers the people they are supporting and discourages staff from trying to ‘fix’ the situation, focusing instead on helping the person find an effective solution themselves. It is based on research findings on the use of effective communication skills.

For further details please contact Trudy Taylor on 0161 627 8134 or see the Trust’s education bulletin for course dates.
H.O.P.E. coming to North Manchester General Hospital

HOPE (Helping Overcome Problems Effectively) is a seven week course for people who have had a cancer diagnosis and are living with or after cancer. It is for people who have finished treatment some time ago as well as people who are still receiving treatment. The course was created by Macmillan in partnership with Coventry University and aims to help people become more knowledgeable, skilled and confident in managing the physical, emotional and psychological consequences of living with and being affected by their illness and treatment.

A HOPE course will be held at North Manchester General Hospital later this year, facilitated by the Macmillan Manchester Libraries Information Service. The sessions are being held from 10 - 12.30 on the 17th, 24th, 31st October, 7th, 14th and 21st November, and 5th December. The first session is a ‘taster’ session for people to find out more about what the course involves, and to see if they want to do the full course. Anyone interested in registering for this or future courses, or finding out more should contact the Macmillan Information and Support Centre at North Manchester General Hospital on 0161 604 5244 (45244 internal).

HOPE is an approach used for a range of long-term conditions, which the university has worked with Macmillan to develop for people affected by cancer. For more information about HOPE generally see: www.hopeprogramme.co.uk.

Helping to keep a cool head during cancer treatment

Patients having chemotherapy treatment in the Victoria Suite at The Royal Oldham Hospital can now use the very latest equipment to help prevent hair loss which can be a side effect of the treatment. The equipment has been provided thanks to funding by the charity ‘Walk the Walk’ which raises money for vital equipment like the three scalp cooling machines which have been donated to the Trust following a successful bid for funding.

Some types of chemotherapy can cause hair loss because of the effect of the drugs on hair follicles. Cold caps work on the principle that lowering the temperature of the skin reduces the blood flow to the scalp. This means that less of the chemotherapy drug reaches the hair follicles in the scalp so hair is less likely to fall out. The caps which are similar to a jockey’s cap fit snugly on the patient’s head and are kept at a constant temperature of -6.0 degrees. The patient puts the cap on 30 minutes before each treatment until around 2 hours afterwards.

Macmillan Lead Chemotherapy Nurse Lindsey Newton said ‘We are extremely grateful for this generous donation from Walk the Walk which will make a huge difference to our patients. Hair loss can be a devastating side effect of chemotherapy treatment. The scalp cooling machines will help to minimise this side effect dramatically for some patients. Although patients may feel cold during the treatment it doesn’t hurt at all and the benefits make it worthwhile for many ladies.

Jane Lees, Macmillan Chemotherapy Clinical Nurse Specialist who is based in the Victoria Unit said, ‘we are really pleased that we can now offer this service. Hair loss can be such a major concern for ladies that we have known patients consider not having chemotherapy treatment because of it. This new service will hopefully help to minimise this and should make a bid difference.

Walk the Walk began as a charity 15 years ago when 13 women walked the New York City Marathon in their bras to raise money and awareness for breast cancer. What started out as a one-off event grew to become a thriving multi-million pound charity, which now raises in excess of £82 million for breast cancer causes. They help provide vital funding for equipment like the scalp cooling machines provided to the Trust and have provided 400 machines to NHS hospitals in England, as well as campaigning for scalp cooling to be offered as standard treatment for patients having chemotherapy. For more information about the charity see www.walkthewalk.org. For information about scalp cooling see Macmillan Cancer Support’s website www.macmillan.org.uk.
It’s good to talk – new Cancer Buddy scheme launched

People affected by cancer, including people with cancer and their carers, often say talking to someone who has already been through it helps them by making them feel less like they’re on their own, and making them feel more confident about coping with the situation they are in.

In partnership with the Pennine Cancer Patient User Partnership and Macmillan Cancer Support the Trust is now able to offer a buddying scheme for people affected by cancer. The scheme has been set up to offer the opportunity to meet with a specially trained Cancer Buddy who has either had cancer themselves or has cared for someone who has had cancer, to talk in confidence about what they are going through.

1:1 meetings can be arranged on any of the hospital sites, and take place in a quiet, private room away from clinical areas. Buddies, who are all registered as volunteers with the Trust, have clear guidelines to work to and have all undergone relevant checks and references.

The service is being co-ordinated by the Macmillan Cancer Information and Support Centre at North Manchester General Hospital, and centre staff provide support to the Cancer Buddies. Anyone wishing to take up the service will be matched with someone who has been in a similar situation as far as possible, but if this is not possible alternative sources of support will be offered. The scheme will offer up to 3 meetings following which the need for alternative support will be considered.

Training will be provided in the autumn for another group of buddies to provide a wider pool of experiences.

For more information about the scheme or if you are interested in becoming a Cancer Buddy, contact Angela Wood on 0161 604 5880 (45880 internal) or the Macmillan Cancer Information and Support Centre on 0161 604 5244 (45244 internal).

Raising the profile of ovarian cancer

As part of ovarian cancer awareness month the Gynaecology Oncology Nurse Specialist Team held awareness sessions at sites in the Trust and also at locations in the local area. This included a session at Boots at Manchester Fort and at Elk Mill in Oldham.

The sessions gave staff the opportunity to talk to women about the symptoms they should look out for and answer any questions they had. Over 120 women (and 2 men) accessed the session.

An awareness event was also held at North Manchester General Hospital which was attended by over 70 members of staff, who were treated to refreshments and cake while their questions were answered.

Did you know?....

• Ovarian cancer is the 5th most common cancer in females in the UK, with around 19 women diagnosed each day in 2010
• Since the 1970s the incidence in women over 65 increased by around 50%
• Survival from ovarian cancer has almost doubled over the last 30 years
• Cervical cancer screening does not detect cancer of the ovary
• Women with a BRCA1 or BRCA2 gene mutation have an increased risk of ovarian cancer as well as breast cancer.

Source: Cancer Research UK (www.cruk.org.uk)
Trust Meets Challenge of Cancer Waiting Times

Getting cancer diagnosed as early as possible, and starting treatment quickly is key to improving survival for many cancers. Meeting national targets introduced to ensure timely diagnosis and treatment for patients with cancer can at times represent a challenge, for many different reasons.

The table below shows the trust’s performance for the last 4 quarters:

<table>
<thead>
<tr>
<th>Cancer Target</th>
<th>National Target</th>
<th>Pennine Performance (%)</th>
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<tbody>
<tr>
<td>Patients seen within 2 weeks of GP referring as suspected cancer</td>
<td>93%</td>
<td>98.4 99.1 98.2 97.9</td>
</tr>
<tr>
<td>Patients with any breast symptoms seen within 2 weeks of GP referral</td>
<td>93%</td>
<td>94.6 96.1 97.6 97.3</td>
</tr>
<tr>
<td>Patients starting first treatment within 31 days of the decision about treatment</td>
<td>96%</td>
<td>99.8 99.6 100.0 99.4</td>
</tr>
<tr>
<td>Patients starting subsequent drug treatment within 31 days of the decision about that treatment</td>
<td>98%</td>
<td>100.0 100.0 100.0 100.0</td>
</tr>
<tr>
<td>Patients having subsequent surgical treatment within 31 days of the decision about that treatment</td>
<td>94%</td>
<td>100.0 98.8 100.0 100.0</td>
</tr>
<tr>
<td>Patients with a confirmed cancer diagnosis starting first treatment with 62 days of urgent suspected cancer GP referral</td>
<td>85%</td>
<td>94.9 90.5 90.7 89.9</td>
</tr>
<tr>
<td>Patients starting treatment within 62 days after urgent referral as a result of attending screening (breast, bowel or cervical)</td>
<td>90%</td>
<td>91.3 95.5 93.8 91.7</td>
</tr>
<tr>
<td>Patients starting treatment within 62 days after non-urgent referral by GP when referral has been upgraded to suspected cancer by their consultant</td>
<td>85%</td>
<td>96.6 96.5 92.2 91.2</td>
</tr>
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</table>

The Trust is currently meeting all targets. The Trust is fully engaged with the strategic clinical network and other providers across the patient pathway to achieve the targets, which include the need for all patients referred to a treating tertiary centre to have been diagnosed and ready for onward transfer by day 42 of their pathway, to allow the tertiary centre time to assess and treat patients within the 62 day target. Cancer performance is managed via the Trust’s Performance Management Group, the Trust Cancer Committee and weekly cancer performance meetings.

Trust Intranet Pages for Cancer and Palliative Care

Cancer and palliative/end of life care have their own pages on the Trust’s intranet site. They can be found by selecting ‘divisions’ on the menu bar at the top of the intranet home page (www.pat.nhs.uk accessible via computers connected to an NHS system), and then selecting ‘cancer’ or ‘palliative care and end of life care’.

An example of the useful information the pages contain includes details of services at the Trust and in the localities it serves, referral forms, and relevant local and national documents.

Oral mucositis website launches

Emma Riley, Macmillan Oral Health Practitioner at the Trust and the first practitioner in the UK when she took up post in 2009, is a member of the UK Oral Mucositis in Cancer expert group. The multi-professional group is made up of UK oral care experts working in cancer and palliative care and dedicated to preventing and treating oral problems secondary to disease, such as oral mucositis. The group has launched a website which includes guidelines on mouth care in cancer and palliative care.

Says Emma, pictured left ‘Oral Mucositis is not just a sore mouth but is a debilitating condition which deserves attention and the acknowledgement that it affects the patient’s health and quality of life. I am passionate about my role and believe that each and every patient is entitled to a clean and pain free mouth no matter what stage of treatment they are at’.

For more information go to www.ukomic.co.uk or contact Emma on 0161 778 5918 (75918 internal).
Local voice at national level for cancer patients and their carers

Felicity Keeling, Macmillan Information and Support Service Manager at the Trust has been appointed as a user representative on the National Clinical Reference Group (CRG) for specialist cancer.

CRGs are responsible for providing NHS England with clinical advice regarding directly commissioned services. They are made up of clinicians, commissioners, Public Health experts and patients and carers, and are responsible for the delivery of key ‘products’ such as service specifications and commissioning policies, which enable NHS England to commission services from specialist providers through the contracting arrangements overseen by its Area Teams.

Felicity’s application was based on her experience caring for a close member of her family who was diagnosed with advanced cancer as well as her work supporting patients and carers in the information service and the wider links developed through this, including involvement in user experience and involvement initiatives at the Trust (including the Pennine Cancer Patient User Partnership) and as a Macmillan post holder. There are up to 4 user representatives on this national group.

Reconfiguration of Specialist Surgery for Hepato-Pancreato Biliary (HpB) Cancers

In January 2013 the NHS Greater Manchester Specialist Cancer Surgery Convention identified the need for one Greater Manchester and Cheshire specialist surgical service for HpB cancers, operating from a single university teaching hospital site. This includes surgical services for liver, pancreatic and gall bladder cancers (HpB). As a result the specialist service currently provided by Pennine Acute Hospitals NHS Trust will transfer to Central Manchester University Hospitals NHS Foundation Trust by April 2014.

The move is part of a wider reconfiguration of specialist surgical services which includes urology, gynaecology and upper gastro-intestinal services and aims to concentrate specialist services to ensure the best possible surgical outcomes for patients.

Information pack for Managers of Macmillan Professionals

The Trust currently has over 80 Macmillan professionals. Alison McCarthy, Macmillan Lead Cancer & Palliative Care Nurse has developed an information pack to assist colleagues who recruit and manage them.

The pack outlines the many benefits of being a Macmillan professional as well as the processes which are required as part of the agreement with Macmillan, and the expectations which come with being a Macmillan professional. It also brings together useful documents including operational policy and annual report templates, forms for applying for funding, and service review templates. It also includes useful contacts within Macmillan Cancer Support.

The pack can be found in the ‘CNS services and documents’ section of the cancer pages on the Trust’s intranet site, or copies can be requested by emailing catherine.sharp@pat.nhs.uk

Cancer Team Contacts (internal numbers in brackets)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Internal Number</th>
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<tbody>
<tr>
<td>Tina Kenny</td>
<td>Lead Cancer Clinician</td>
<td>0161 604 5474 (45474)</td>
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<tr>
<td>Jo Keogh</td>
<td>Associate Director, Elective Access</td>
<td>01706 517891 (57891)</td>
</tr>
<tr>
<td>Nicola Remmington</td>
<td>Lead Cancer Manager</td>
<td>01706 906687 (56687)</td>
</tr>
<tr>
<td>Alison McCarthy</td>
<td>Macmillan Lead Cancer and Palliative Care Nurse</td>
<td>0161 627 8699 (78699)</td>
</tr>
<tr>
<td>Alice Davies</td>
<td>Macmillan Associate Lead Cancer and Palliative Care Nurse</td>
<td></td>
</tr>
<tr>
<td>Catherine Sharp</td>
<td>Macmillan PA / Specialist Palliative Care Admin Team Leader</td>
<td></td>
</tr>
<tr>
<td>Lindsey Newton</td>
<td>Macmillan Lead Chemotherapy Nurse</td>
<td>0161 778 5599 (75599)</td>
</tr>
<tr>
<td>Felicity Keeling</td>
<td>Macmillan Information Service Manager</td>
<td>0161 604 5244 (45244)</td>
</tr>
<tr>
<td>Hazel Nangle</td>
<td>Cancer Clinical Data Analyst</td>
<td>0161 604 5219 (45219)</td>
</tr>
<tr>
<td>Heather Kilpatrick</td>
<td>Cancer Tracker Supervisor</td>
<td>01706 906535 (56535)</td>
</tr>
<tr>
<td>Christine Noble</td>
<td>Peer Review Co-ordinator and Cancer Team Support</td>
<td>0161 918 4461 (54461)</td>
</tr>
</tbody>
</table>

Getting in print

We aim to publish this newsletter quarterly. If you have anything you would like to include in a future edition please contact Felicity Keeling on 0161-604-5244 or e-mail felicity.keeling@pat.nhs.uk.

Deadlines for future editions are: November 7th 2013; February 7th 2014.