WE ARE MACMILLAN.
WORKING IN PARTNERSHIP TO IMPROVE CANCER CARE & SUPPORT.
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Our vision

With more people living with and beyond cancer than ever before Macmillan is implementing innovative large-scale partnership programmes ensuring people affected by cancer receive the best possible support along their cancer journey.

What we’re aiming for:
- A more skilled, knowledgeable cancer workforce able to provide compassionate and holistic care and support, valuing the experience of people living with cancer.
- Earlier assessment – and assessment at key transitions – of the holistic needs of people living with cancer and the creation of a comprehensive plan to meet them.
- Greater confidence among people living with cancer about what to expect throughout their cancer journey, what is expected of them and what good support looks like.
- More flexibility and responsiveness among organisations and professionals within the system, working together to provide care and support in an integrated way.

We want people living with cancer to:
- Make more informed choices, shaping their care and navigating the system.
- Have a better experience of care and support.
- Experience a better quality of life at all stages of their cancer journey.
In the UK today there are 2.5 million such people. By 2030, this number will almost double to four million.

Because of earlier detection and innovative new treatments, many more people are also living longer with cancer. In 2030, 2.7 million people will still be alive five years after their initial diagnosis. That’s more than double today’s figure.

These statistics are something we should celebrate. But we must also recognise that the majority of people living with and beyond cancer are not receiving the all-round support they need during and after treatment.

Today almost 3 in 4 people living with cancer are in their survivorship stage. For many, the physical and emotional impact of their cancer experience hits home when the treatment is over. 1 in 4 of them have to deal with the consequences of their treatment and 20%-30% of those cancer survivors consistently report problems associated with cancer and its treatment. People living with cancer have the same conditions as those of a similar age profile without cancer, but tend to have have higher prevalence of them.

Cancer services and patient pathways have simply not kept up with the changing world of cancer. They haven’t been developed to meet the needs of people affected by long-term and often complex conditions caused by their cancer or treatment. And with investment in the health and social care system constrained over the next five years, this situation is unlikely to change in the near future.

This is why Macmillan is working with health and social care providers, service commissioners, government bodies, other charities, health and social care professionals and people affected by cancer to change the way cancer care is delivered in addition to investing in our much loved nurses.

We are bringing together our expertise, innovation and experiences to make sure people living with and beyond cancer and their carers receive the best possible support, at diagnosis, during treatment and for the rest of their cancer journeys.

Already, we are working on over 20 large-scale partnership programmes across the UK to achieve this goal for thousands of people affected by cancer. This involves us sharing learning and best practice across projects and using national and regional evidence to make sure models of care are successfully implemented and achieve sustainable, long-lasting change.

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Please read on to learn more about these vital programmes and the significant difference they are making to people’s lives.

2. Figures quoted from expert consensus collated as part of Macmillan Cancer Support (2013) Throwing light on the consequences of cancer and its treatment. Consensus was reached by consulting with a range of UK experts in the field, including members of the National Cancer Survivorship Initiative (NCSI) Board, the NCSI Pelvic Cancers Project Steering Group, the Consequences of Cancer and its Treatment Collaborative (CCaT) and other leading researchers and professional societies.
3. Foster et al. Psychosocial implications of living with 5 years or more following a cancer diagnosis: a systematic review of the research. E J Cancer Care. 2009. 18:223-247
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We’re positive these programmes will make sure people affected by cancer receive the personalised support they need throughout their cancer journeys.

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Macmillan’s work to change the way cancer care is delivered is underpinned by five core principles

1. Work closely with the right partners

We are combining our knowledge of the needs and experiences of people affected by cancer with the expertise of many different partners to provide the best possible cancer care. These partners include health and social care providers, commissioners, government bodies, other charities, health and social care professionals and, most importantly of all, people affected by cancer.

2. Improve access to the support people need

We are simplifying patient pathways and improving communication between different health and social care providers. This is making it easier for people with cancer and their carers to access the all-round support they need, at every step of their cancer journey.

3. Develop services that meet increasing demand

We are delivering long-lasting, sustainable change to cancer care. This is making sure we provide people affected by cancer with the support they need today and meet increasing demand for cancer services in the future.

4. Build an expert team of cancer care professionals

We are equipping health and social care professionals with the knowledge and expertise they need to provide the best possible care and support to people living with and beyond cancer and their loved ones. This is making sure patients and carers are listened to at all stages of their cancer journey and their wishes are always respected.

5. Provide high-quality care closer to home

We are working with health and social care services and voluntary organisations in local communities to help people living with and beyond cancer access the care and support they need closer to their homes. This is vital to improving the long-term quality of life of people who have completed their cancer treatment.

Macmillan offers a wide range of roles to make sure our partnership programmes are successful

- **Adviser** – we offer expert advice on how to engage people affected by cancer and the wider community with the development of services, so they deliver person-centred care.

- **Advocate** – we make sure the voices of people with cancer, their carers and family members are heard, and their views are at the heart of any change.

- **Funder** – in addition to our much loved nurses we invest in programme leaders, the development of new models of care and involving people affected by cancer in projects.

- **Engager** – we use existing networks to communicate with key stakeholders – people affected by cancer, local communities, health and social care professionals and politicians – on a local and national level.

- **Facilitator** – we bring together people and organisations who sometimes struggle to work together because of barriers in the health and social care systems.

- **Partner** – we work with a wide range of partners to deliver change: national and local government, health and social care commissioners and providers, royal colleges, other charities, professionals, volunteers and people affected by cancer.

- **Brand leader** – we are one of the UK’s most trusted brands, which allows us to open doors and bring people together.

- **Professional voice** – we have more than 8,000 Macmillan professionals, who can tell us what change is needed and use their expertise to help deliver the best possible cancer care.

- **Evidence leader** – we have a robust evidence base that can inform how models of care and services need to be developed and implemented to deliver the best outcomes for people affected by cancer.

- **Evaluator** – we make sure that programmes are comprehensively evaluated so learning is shared across health and social care helping to improve the lives of more people.

- **Influencer** – we work closely with and influence local authorities, national governments and organisations outside of the statutory sector to deliver far-reaching change.
North Manchester Macmillan Palliative Care Support Service

Overview

A service that is part of the Macmillan Cancer Improvement Partnership in Manchester. Key partners include Macmillan, local clinical commissioning groups, Pennine Acute Hospitals NHS Trust, Pennine Acute Hospitals NHS Trust, St Ann’s hospice, patients and carers.

Key features

- Round-the-clock telephone advice.
- Home visits to assess and meet the needs of patients and carers.
- Help to manage problems such as pain, sickness, breathlessness, anxiety and depression.
- Opportunities for people to talk about their preferred care.
- Open referral system for patients, carers and professionals.
- Professionals and trained volunteers working with people affected by cancer as one team.
Michael’s story

Michael Beswick is a retired architect who has terminal prostate cancer. He lives alone in Manchester city centre and is receiving support from the North Manchester Macmillan Palliative Care Support Service.

‘I think the most significant point in realising where the team was coming from was when my GP arranged a multidisciplinary team meeting and invited my family to join in as well. Everybody was listening and putting in their contribution, at the right time and at the right pitch. It was only afterwards that I realised that everybody there was caring for me.

‘At the moment, I feel like half the nursing fraternity are looking after me, because every which way I turn there is somebody who specialises in something else. Yesterday someone came out to talk to me about walking sticks, for example. They’ve installed a lifeline alarm system. That was one of the things discussed at the multidisciplinary meeting, and within three days it was in.

‘They understand that I’m not going to sit here and just curl up and die. I’m looking for ways to keep going, and so far they’ve managed to help me do that very well.’
Overview

In recent years, Macmillan has invested in and worked in partnership with the Health and Social Care Board, Public Health Agency and Northern Ireland Cancer Network to transform the way follow-up cancer care is provided.

Key features

- Initially a new model for follow-up breast cancer care was developed, which was adopted by Northern Ireland’s five health and social care trusts.
- The new breast cancer care model has led to 58% of all newly diagnosed breast cancer patients moving onto self-directed aftercare, which is reducing the number of routine review appointments.
- The new breast cancer care model has resulted in a 28% fall in the number of people waiting for breast cancer surgical review, allowing clinical teams to spend more time with patients with complex needs.
- Redesigns of follow-up care for people with prostate, testicular, gynaecological and colorectal cancer are progressing, and there are plans to extend this work to other tumour types.
Nicky Du Toit is a 54-year old PE teacher from Belfast who underwent surgery for breast cancer in 2013. Thanks to the Transforming Cancer Follow Up programme, she has benefitted from self-directed aftercare.

‘I feel reassured having been shown how to check for signs and symptoms, which could indicate my cancer has come back. Particularly, when you realise that the majority of cases of recurrence are first spotted by patients – not picked up during routine review appointments.

‘I think if I’d had to go back for a hospital appointment every six months or so, it would have been a constant worry, or at least a regular reminder of what I’d been through. I wouldn’t have wanted that anticipation and anxiety.’

After Nicky went back to work, she spotted a mark and felt a slight bump that wouldn’t go away:

‘I phoned and went to see my GP straightaway, and got an appointment to see a consultant within two days. It was nothing but I needed that reassurance. As long as I know that there’s somebody at the end of a phone who’s going to listen and deal with my concerns quickly, I’m happy.

‘This system of aftercare really works for me and helps me get on with my life.’
The professional’s view

Samantha Sloan is Consultant Breast Surgeon at Belfast City Hospital. She has seen first hand the difference the Transforming Cancer Follow Up programme has made to the lives of people diagnosed with breast cancer in Northern Ireland.

“This project has facilitated an acceptance of holistic care rather than just medical care.

“I feel patients are given an improved recovery package that allows them to move on with their life following a breast cancer diagnosis.”

The commissioner’s view

Dean Sullivan is Director of Commissioning at Northern Ireland’s Health and Social Care Board. He’s delighted with the results of the Transforming Cancer Follow Up programme.

“The evaluation [in February 2015] provides sound evidence that the new system is proving a success for cancer survivors.

“It is a great example of how we can adapt services so they become more patient-centred. This benefits the individual and also frees up much-needed resources for other health and social care services.”

Overview

At the heart of the partnership between UCLH and Macmillan Cancer Support is the UCH Macmillan Cancer Centre. It opened in April 2012 with the help of Macmillan’s largest ever investment in a single project. The centre features a Macmillan flagship Support and Information Service.

Key features

– An outpatient clinic area, day care, day surgery and chemotherapy services, and a diagnostic service to diagnose and treat cancers and haematological disorders.

– Creation of a cancer clinical nurse specialist community of practice, which allows CNSs to share best practice.

– Piloting of the one-to-one support worker role, which assists CNSs to provide coordinated care and support to patients.

– Setting up of a Macmillan volunteer service in the UCH Macmillan Cancer Centre, which is helping people receive the best treatment, care, information and support throughout their cancer journeys.

– Professionals received Sage and Thyme™ training to help them support people in distress.

– Professionals received Schwartz Centre Rounds™ training to help them explore difficult emotional and social issues.
Diane’s story

Diane* was first treated for breast cancer in 1998. She relapsed in 2012 and had a left mastectomy, before being told she had cancer in her right breast in 2014. At this time, Diane says she received excellent support from the Macmillan Support and Information Service at UCLH.

‘Initially, I was not sure I wanted chemotherapy,’ says Diane. ‘But I met Vikky, Bryony and Nicola from the support service and they helped me and my daughter make a more informed decision.

‘Then on the day I had to agree my treatment with my consultant, I had to wait four hours to be seen, which was quite traumatic. Thankfully, I knew I could pop into the service for a little chat, which helped a lot.

‘I also used to come down to the support and information service during chemotherapy at the hospital. Although the staff treating me were kind, they were also very busy. So it really helped to go there for some respite and rest.

‘On top of this, my daughter has found the service helpful because she’s at risk of getting breast cancer. And I’ve also received information about wigs and ordered one through the service for a school reunion I attended.’

The professionals’ view

Lallita Carballo and Dr Hilary Plant lead on patient information at UCLH. They are full of praise for the partnership between the trust and Macmillan.

‘Our vision is to meet the expectations of people affected by cancer by providing access to individualised, supportive cancer care which is integrated with the experience of treatment and follow-up.

‘As clinical heads of the Macmillan Support and Information Service, we aspire to lead in the development of innovative interventions that support and improve the experiences of people with cancer and their families.

‘The UCLH-Macmillan partnership has enabled this vision to be better understood throughout all levels of the organisation. This is ensuring that supportive cancer care is at the heart of what we do at UCLH.’

*(wishes to remain anonymous)
Transforming Cancer and End of Life Care Programme – Staffordshire and Stoke-on-Trent

Overview

Macmillan is working as a strategic partner and expert adviser on the programme, giving a voice to people affected by cancer.

This programme aims to improve cancer survival rates, patient experience and end-of-life care in Staffordshire and Stoke-on-Trent.

Key features

- The programme aims to appoint one organisation to take responsibility for coordinating local cancer care services and one organisation or a consortium to take responsibility for end-of-life services.

- With better coordination patients will be able to get the right help and advice and not to have to deal with missing notes, changed appointments and be able to get care at home after discharge from hospital.

- As a result, patients will get a better service because organisations will be working together in patients’ best interests.
Jen Richards lives near Stafford and is a former breast cancer patient. She is one of the programme’s patient champions, helping with the procurement for the cancer contract.

Jen says the great benefit of the Transforming Cancer and End of Life Care programme is that it’s making people in Staffordshire feel valued and that their experiences matter: ‘Just by giving people a voice gives them the opportunity to be a person instead of an illness or symptom or hospital number.’

This is particularly important to Jen, who experienced delays in her treatment, the cancellation of operations and difficulties accessing the psychological support she needed during her cancer journey. She says it’s because of these reasons that she’s so enthusiastic about shaping the future of cancer and end-of-life services in Staffordshire and Stoke-on-Trent.

Jen also adds that as a patient champion she’s working hard to get other former patients, people currently undergoing treatment, carers, bereaved people and members of the public involved in the programme. She’s positive the greater the number of people who contribute, the better services will become at meeting their needs.
Overview

Macmillan is investing in a five year programme to redesign the way people with cancer in Glasgow are supported after diagnosis. Key partners include Glasgow City Council and NHS Greater Glasgow and Clyde.

Key features

- Since launching in February 2014, the project has helped over 1,200 people with over 6,500 issues, ranging from benefits advice to help with practical tasks at home.
- Everyone diagnosed with cancer in Glasgow receives a letter informing them about the Improving Cancer Journey service and the support that’s available to them.
- The all-round needs of people with cancer are assessed during and after treatment, helping to identify the support they and their loved ones need.
- A personalised care plan is put in place that outlines the help a person with cancer and their family will receive and what they can do to self-manage their condition.

The professional’s view

Johnny McMahon is Clinical Lead for Transforming Cancer and End of Life Care Programme.

‘Most difficulties occur in the treatment of cancer and end-of-life patients when different agencies are involved, because there’s poor coordination between them.

‘By appointing a service integrator, we are, in effect, enhancing the management capacity such that we can have a more integrated system which focuses on outcomes. This will result in a paradigm shift in the way services are commissioned, and as a result will benefit patients hugely.

‘Without Macmillan’s commitment and vision in doing the right thing on behalf of our patients, this would not have been possible.’

The commissioner’s view

Andy Donald is Senior Responsible Officer for the Transforming Cancer and End of Life Programme and Chief Officer for Stafford and Surrounds, Cannock Chase, and South East Staffordshire and Seisdon Peninsula clinical commissioning groups.

‘There are lots of inefficient processes currently in the system, from a patient, system and finance perspective. A service integrator will ensure more people are treated in the system, within the same resources.

‘This has to be about patients, and we have to be more efficient about how we provide cancer care so we can make the most of new technology. Technology is moving on, as are new drug therapies. At the moment they are all unaffordable. If we can get a better deal for the patient, it might create opportunities to implement new technologies which will mean better outcomes for patients.’
Pauline’s story

Pauline Kean is 60 and lives in Glasgow. She underwent chemotherapy and a bone marrow transplant in 2009 after being diagnosed with multiple myeloma (a blood and bone cancer). Despite support from family and friends, she was struggling to cope with the impact of her cancer and treatment until she found the Improving the Cancer Journey service (ICJ).

“When you are going through cancer, especially at first, you just don’t know what you need. You are in shock and need someone who can tell you about the help that is out there, because you just have no idea.

“It wasn’t until last year, when the ICJ service launched, that anyone sat down with me and asked what I needed help with. At the meeting some family members were there and it came out that some of the younger ones were really struggling to cope, and so the ICJ service was able to help them get counselling.

‘ICJ also got me help with my finances. They put me in touch with a benefits adviser, who filled in a form so I didn’t need to pay council tax anymore, which was a big help. They also got me a Macmillan Grant for a new washing machine.

‘I just wish the service had been there when I was first diagnosed.’
The professional’s view

Debbie Schofield is Public Health Programme Manager for NHS Greater Glasgow & Clyde.

“I am delighted NHSGGC has been able to be a partner in this excellent and pioneering service for people in Glasgow. The ICJ service complements the dedicated work of the clinical teams in what is truly a multidisciplinary, multiagency approach to managing cancer, and the effects this can have on an individual and their family. The wrap around care that the ICJ service offers ensures that the needs of the whole person and their family are addressed and these can range from helping people take steps to improve their health and wellbeing to accessing financial and housing support. The ICJ service has benefited over 1000 of our patients across the City of Glasgow and I look forward to the service developing over the coming years.”

The commissioner’s view

David Williams is Executive Director of Social Care Services at Glasgow city council and Chief Officer Designate of the Glasgow City Health and Social Care Partnership.

‘There has been a real coming together from across health and social care professionals in planning, delivering and providing governance for the development of ICJ. Glasgow’s Improving the Cancer Journey is proving to be an effective integrated health and social care pathway for people affected by cancer.

‘The use of holistic needs assessments and care planning is ensuring that integrated support and care is available at every stage in the treatment journey. This requires every key professional and service to establish effective relationships with each other to deliver integrated solutions.

‘When the assessment is personal and shared in real time, it provides continuity of care and a set of common goals which matter to the person affected by cancer. This model of care and governance has the opportunity to be replicated across other long-term health conditions.’

Overview

The Macmillan Framework for Cancer in Primary Care is a five-year programme to support GPs and other community-based healthcare professionals to diagnose cancer early, better integrate treatment between primary and secondary care and support people living with and beyond cancer.

Key features

– This is the first time that Wales has had such a coordinated approach for a project of this kind and scale. It was launched in June 2014 and is a five-year programme of work.

– The programme is a strategic partnership between Macmillan and the Cancer Networks in Wales and has received widespread support from Welsh Government, all seven health boards and Velindre NHS Trust. It supports elements of the Welsh Government’s Cancer Delivery Plan 2012 and Primary Care Services Plan.

– The programme will develop, pilot and roll out an all-Wales framework of tools, resources and processes.

– The programme will work with primary, secondary and tertiary care colleagues and cluster groups, to develop better ways of working, enhance the patient experience and ultimately improve cancer services and outcomes.

– To ensure success, a programme team and a community of practice and influence is being established, which consists of GP leads, nurse leads, GP facilitators and other primary and secondary care facilitators.
Patients’ focus

Cancer is no longer an acute illness treated by clinical staff in hospitals. People living with cancer need to have access to good quality care in their local community often for many years.

The programme places a strong emphasis on supporting GP’s to improve patient experience and promotes care beyond the clinical to address wider social, financial, emotional, practical and psychological concerns.

The Welsh Cancer Patient Experience Survey revealed that patients feel well supported during their acute treatment phase, but when their acute treatment ends patients feel ‘cast adrift’. This means people living with and beyond cancer are often having to deal with physical and psychological issues alone.

The Macmillan Framework for Cancer in Primary Care programme will explore ways to better support individuals throughout their cancer journey and during transition points of their care e.g. when they leave hospital care and return to the care of their GP and other community-based services.

GPs, nurses and other healthcare professionals will develop a framework of tools and resources for use by GPs and other healthcare professionals to support people affected by cancer in their communities.
The professional’s view

Dr Clifford Jones is GP Lead for the Macmillan Framework for Cancer in Primary Care. He’s confident the programme is a major step to improving the outcomes of people affected by cancer in Wales.

‘There are currently 120,000 people living with cancer in Wales, and this number is set to rise to 240,000 by 2030. Many of these people will have to cope with long-term, and often complex, issues caused by their cancer and treatment.

‘It’s vital, therefore, that we make sure GPs and other community-based health care professionals have the skills, knowledge and confidence to meet the needs of this growing population of people living with cancer and their carers.

‘This is why I believe the Macmillan Framework for Cancer in Primary Care is so exciting. It can deliver all of this and really play a key role in improving the physical and emotional outcomes of people affected by cancer in Wales.’

Tom Crosby is the Medical Director of the South Wales Cancer Network

‘This is a really exciting initiative in Wales. It is clear to me that if we are to improve patient outcomes of survival, quality of life and experience, we must improve the pathway upstream from secondary care with prevention and cancer awareness, early detection and accelerated access to effective treatment. This Framework gives us an excellent platform from which to explore ways of reducing cancer incidence and stage of disease at diagnosis and sharing best practice across Wales and the UK.’
What we have learnt so far

Over the past few years we’ve learnt a lot from our experiences of working on large-scale partnership projects:

Establish a dedicated project management team – whether this involves recruiting new personnel or giving protected time to existing staff, it’s vital a project team is put in place early on so desired outcomes are achieved. We have seen projects suffer significant delays when a team has not been appointed early enough.

Large-scale change takes time – it is likely to take five to ten years to fully embed large-scale change. Whilst keeping up the pace of change, it is also important to manage expectations around how quickly sustainable outcomes and impact can be achieved.

Clearly align to local and national priorities – this can ease the implementation of a project, improve the chances that it will be fully embedded and sustained, and potentially lead to the scope of the project expanding and further related initiatives being rolled out.

Engage and involve stakeholders – fully engaged stakeholders are key to driving forward large-scale change in health or social care. Often the work required to achieve a high level of engagement is neglected at the beginning of a project, or expectations of how long it will take are not managed well. This can lead to delays and frustration.

Make sure all projects remain connected – sometimes within large-scale programmes of work, individual projects can become disconnected from top-level objectives and begin to focus solely on its own aims. It’s important that a sense of continuity always remains and projects continue to be part of a unified whole, otherwise significant operational and commissioning challenges may occur.

Share learning and celebrate success – because large-scale programmes are often challenging, it’s important to create opportunities that help people share learning and experiences. This can be crucial to maintaining momentum and motivation.

Embedding and sustaining large-scale change is challenging – there are many reasons for this, including the significant role project managers play within a large-scale system redesign programme. Once they depart a gap can be created that’s hard to fill by internal employees. A project timeline that is too short can also add to the challenge, as this may lead to resources and support being removed before new practices are fully embedded. Plus the reality is that for plans to achieve sustainability they may need to change significantly over the lifetime of a project – what was appropriate in year one may be inadequate in year five.

Carefully consider how you promote a programme to potential partners – because of the current financial climate, potential partners may be particularly interested in seeing evidence of how a programme will deliver a more efficient and effective use of resources rather than just improving the quality of services. However, a broader view of value is often still the most appropriate approach, since large-scale programmes don’t always result in cost savings.

Recruitment to roles can be challenging – because of current economic uncertainty, suitable candidates for roles may be reluctant to move from a permanent to a fixed-term position as part of a large-scale programme. Projects have often experienced success using secondments instead.

Recruit the right skills – it’s important to consider the full range of skills needed for project management roles when you are recruiting a project management team. This should include strong communication and influencing skills. An ability to appreciate a wide range of perspectives is essential.

Provide learning and development opportunities – to deliver system change and embed new ways of working and pathways, it’s vital that project team members, employees from partner organisations and health and social care professionals have the skills, knowledge and confidence to deliver desired outcomes. Learning and development opportunities are key to achieving this.
By driving forward large-scale partnership programmes with our partners, we aspire to achieve these outcomes:

– Health and social care professionals developing the right skills, knowledge, tools and behaviours to provide compassionate and holistic care and support to people affected by cancer which also considers their personal experiences and needs.

– People living with and beyond cancer understanding what they should expect throughout their cancer journey, how they can take an active role in their recovery and what good support looks like. People living with and beyond cancer having the knowledge, skills and confidence to articulate what help they need, access support services and self-manage their condition when appropriate.

– People living with and beyond cancer having their all-round needs assessed earlier and at key transitions points in their cancer journey, for example, when they return to the care of their GP after cancer treatment. This should lead to a comprehensive care plan being created in partnership with them.

– Health and social care organisations and professionals working together in a more flexible and responsive way to provide integrated, holistic care and support to people living with and beyond cancer.

In turn, the above outcomes will ultimately lead to:

– People living with and beyond cancer having an improved experience of care and support with an improved quality of life at all stages of their cancer journey.

– People living with and beyond cancer having more informed choice about their care enabling them to shape the support they receive. They will be able to navigate the health and social care system with ease and confidence.

Why Macmillan is uniquely placed to deliver these outcomes:

– We are trusted as an organisation that effectively involves people affected by cancer in the design of cancer care services.

– Our organisational capacity and wealth of expertise can drive change like no one else can. We can work with the NHS and other partners to create headroom and additional capacity to support ambitious programmes.

– Our unique standing can bring the right partners from different parts of the health and social care systems around the same table.

– We can share with partners unrivalled knowledge and insight into the developing story of cancer and why services, systems and pathways must change to meet the changing needs of people affected by cancer.

In turn, the above outcomes will ultimately lead to:

– 39% reduction in duplication of review appointments between breast surgical and oncology (Transforming Cancer Follow Up, Northern Ireland)

– 28% reduction (2,724 appointments) in breast surgical waiting lists (Transforming Cancer Follow Up, Northern Ireland)

– A new Wellbeing Nurse role helped 40 patients tackle the impact of alcohol dependency on cancer treatment, whilst saving the costs of inpatient detoxification (11-month audit, West Yorkshire Head and Neck Cancer Service Redesign)

Some early outcomes

Improved patient experience

• 93% of patients agreed or strongly agreed that support from their link officer had reduced their feelings of isolation. Across the UK, a quarter of cancer patients suffer from isolation (Improving the Cancer Journey, Glasgow)

• Patients reported a 50% reduction in stress after completing an holistic needs assessment (Improving the Cancer Journey, Glasgow)

• Over 80% of patients felt they received enough information on post-treatment support services, compared to 51% of patients on traditional follow-up pathways (Transforming Cancer Follow Up, Northern Ireland)

Better supported staff

• Confidence of primary care nurses to support people affected by cancer increased from 31% to 75% following ‘Living With and Beyond Cancer’ training (South Yorkshire, Bassetlaw and North Derbyshire Survivorship Programme)

• 90% of GP practices have Macmillan information points and trained cancer champions (Macmillan Cancer Improvement Partnership, Manchester)
If you’d like to hear more about our partnership programmes or how you can get involved please speak to your Macmillan contact.