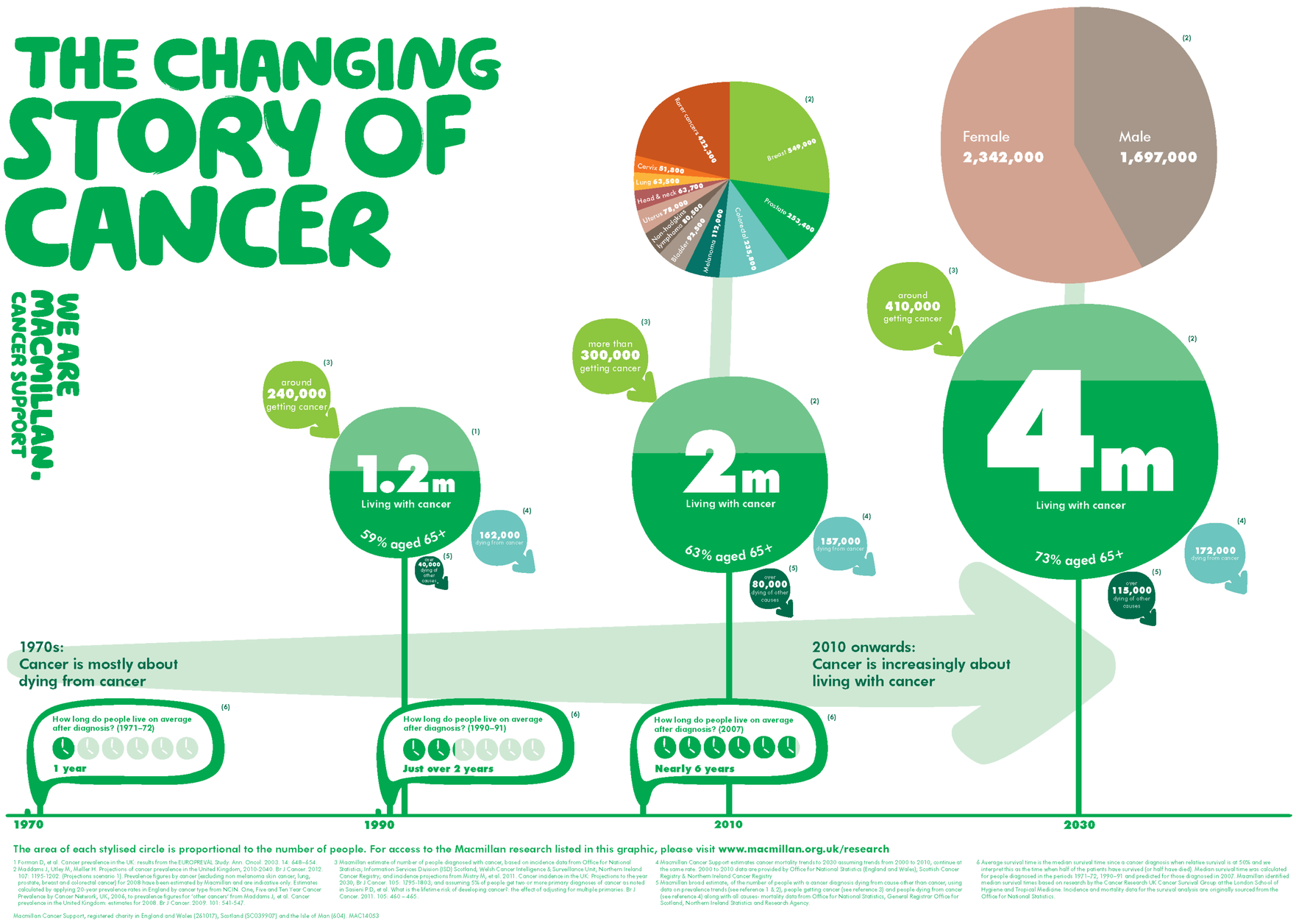
LIVING WITH AND BEYOND CANCER

The story of cancer is changing; more people in the UK will have a cancer diagnosis at some point in their life or a family member's life and more people are living with or have survived beyond a cancer diagnosis. There are already two million people in the UK living with cancer and the number is expected to rise by around 3% a year to four million by 2030 if current trends continue. The success story in curing, or extending life expectancy for those diagnosed with cancer is due to developments in early detection and treatment, however surviving cancer does not always mean living well.

As the number of people living with and beyond cancer continues to increase, we will need a greater focus on recovery. This includes recognising and reducing the impact of the consequences of cancer and its treatment from a holistic perspective. The Living With and Beyond Cancer initiative aims are to improve the quality of care provided to Persons Affected By Cancer through implementation of the **Recovery Package**, a structured framework designed to enable individuals to identify their own needs from the point of diagnosis onwards and ensure a continuity in care across their pathway.



The Recovery Package

The Recovery Package consists of a series of simple interventions in the patient pathway which together focus on the holistic support requirements of a cancer patient, it includes:

The Holistic Needs Assessment & Care Plan

The Treatment Summary

The Health and Wellbeing Event

The Cancer Care Review

The Holistic Needs Assessment & Care Plan

The purpose of this is to bring a more structured approach to identifying a patient's needs at key points in their pathway, the first being after a diagnosis has been received. The patient is afforded the opportunity to self assess their needs, initially through a simple checklist highlighting a range of concern areas they may feel relevant to them at that point in time, if required support in navigating the assessment is provided.

Completed self assessments are received by the specialist cancer team who will provide advice directly where appropriate, but refer and signpost towards additional services which will help address any concerns outside of their clinical scope. Depending on the 'distress score' and the nature of the concerns identified, the CNS and patient may arrange further face to face or telephone discussion. The concerns raised and actions agreed are recorded in a 'Care Plan', an identifiable record of the patient's holistic needs at that point in time. Further holistic assessments may be offered at key changes in the patients care, such as upon completion of treatment.

The Treatment Summary

The Treatment Summary is a means of improving the quality of information provided by UHMB to GPs or other care providers who may be supporting a cancer patient after completion of treatment. This is to address concerns that the information and advice currently provided to GPs can be ambiguous to those not specialised in cancer. A copy is also to be provided to patients as a formal record for sharing at their own discretion, such as for insurance purposes.

The Health and Wellbeing Event

These education and support events are for patients, carers, family and friends to directly access support services in an informal relaxed environment. They are offered to patients as part of their pathway of care, ideally as they prepare to complete their initial treatment.

The format includes informative talks providing advice on life following a cancer diagnosis, followed by a marketplace of cancer support services for patients to access directly. This affords the patient an opportunity to take control of their own preparation for completion of treatment, a period of time where they can feel 'cast adrift' due to the end of regular hospital visits.

The Cancer Care Review

This is an opportunity for a patient and their GP or practice nurse to keep in touch with their needs and progress after a cancer diagnosis at a time when the patient is predominantly under the care of the acute hospital. Although in place prior to the Living With and Beyond Cancer initiative, evidence indicates that the Cancer Care Reviews are not well utilised, with many patients indicating less than satisfactory contact from their GP after diagnosis.

These reviews are now being aligned with the care provided for patients with other Long Term Conditions in recognition that cancer is not an acute episode alone, but that ongoing support is required and best provided in the community.

Stratified Follow Up

Traditional follow up appointments do not necessarily deliver support to patients when it is needed, and can often be a source of anxiety for those with no existing concerns. The Recovery Package enables the patient to take greater control of their care, identifying clinical, psychosocial and practical needs early on in the pathway and initiating hospital based support as and when it is required, particularly after treatment. This enables the introduction of more tailored follow up, where patients will initiate a follow up appointment when they have any concerns they wish to discuss. This is frequently known as risk stratified follow up and implemented under the Patient Initiated Follow Up programme widely used across the trust for long term conditions.