Cancer Support Worker Role
John Vickers – Macmillan Support Worker at the Royal United Hospitals Bath

I have been in post since February 2017

I work predominately from the Macmillan Cancer Information Centre which is located next to Oncology Reception but I support cancer patients across the hospital.

I work alongside Lisa who is also a Macmillan Support Worker and from April 2018 we have been joined by 4 new support workers. We are managed by Tracy who is the Centre Manager.
Main Duties

* Implementing and completing Holistic Needs Assessments and Care Plans in line with the requirements of the Recovery Package.
* Supporting patients and their relations who call in to the Cancer Information Centre with a wide range of queries.
* Running the Health and Wellbeing Events.
What is a Holistic Needs Assessment and how does it help?

* An HNA ensures that people’s physical, practical, emotional, spiritual and social needs are met in a timely and appropriate way, and that resources are targeted to those who need them most. An HNA is a simple questionnaire that is completed by a person affected by cancer. It allows them to highlight the most important issues to them at that time, and this can inform the development of a care and support plan with their nurse or key worker. The questionnaire can be completed on paper, or electronically.

* Evidence has shown providing effective individual Holistic Needs Assessment (HNA) and care and support planning can contribute to better identification of a person's concerns. It also enables early intervention and diagnosis of side effects or consequences of treatment. As such, everyone living with or beyond cancer should be offered an HNA and a care and support plan at key stages on their cancer pathway as part of the Recovery Package.

* Evidence also suggests that a person’s holistic needs are likely to change at key points in their cancer journey, like after diagnosis and at the end of treatment, or if something else affects their health or social needs. Having an HNA at these points helps to identify the issues that need to be discussed and can be used to continually inform their care and support plan.

* The information gathered from an HNA can also be shared with the multidisciplinary team (MDT) and the person’s GP, to improve management and care. Any data collected can be used to influence service developments and the commissioning of future services.
* The Macmillan Support Workers (John and Lisa) started completing HNAs from 6/4/17
* From 06/04/2017 to 29/04/2018 we completed 985 assessments. The average time for each assessment was 26 minutes. This includes completion of the care plan.
* 741 of these assessments were carried out at the second cycle of chemotherapy whilst the remaining 244 assessments were carried out at the request of the Cancer Nurse Specialists, close to diagnosis.
31 days with diagnosis

- 242 HNAs were completed with patients within 31 days of diagnosis. This meets one of the targets of the recovery package and going forward this will be a key focus.
- Cancer of unknown primary – 21
- Lung – 118
- Upper GI – 29
- Urology – 49
- Skin – 4
- Acute – 2
- Gynae – 19
During treatment

* 741 HNAs completed with patients at cycle 2 or 3 of chemotherapy.

* Breast – 151
* CUP/Hepatobiliary – 29
* Gynaecology – 88
* Head & Neck – 29
* Skin – 14
* Urology - 50
* Brain – 7
* Colorectal – 137
* Lung (inc Mesothelioma) - 76
* Haematology – 122
* Upper GI – 38
If any of the problems below have caused you concern in the past week and if you wish to discuss them with a health care professional, please tick the box. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

- [ ] I have questions about my diagnosis/treatment that I would like to discuss.

### Physical concerns
- ✅ Breathing difficulties
- [ ] Passing urine
- [ ] Constipation
- [ ] Diarrhoea
- ✅ Eating or appetite
- [ ] Indigestion
- [ ] Sore or dry mouth
- [ ] Nausea or vomiting
- [ ] Sleep problems/nightmares
- [ ] Tired/exhausted or fatigued
- [ ] Swollen tummy or limb
- [ ] High temperature or fever
- [ ] Getting around (walking)
- [ ] Tingling in hands/feet
- [ ] Pain
- [ ] Hot flushes/sweating
- [ ] Dry, itchy or sore skin
- [ ] Wound care after surgery
- [ ] Memory or concentration
- [ ] Taste/sight/hearing
- [ ] Speech problems
- [ ] My appearance
- [ ] Sexuality
- [ ] Unplanned changes in weight

### Practical concerns
- [ ] Caring responsibilities
- [ ] Work and education
- ✅ Money or housing
- [ ] Insurance and travel
- ✅ Transport or parking
- [ ] Contact/communication with NHS staff
- [ ] Housework or shopping
- [ ] Washing and dressing
- [ ] Preparing meals/drinks

### Family/relationship concerns
- [ ] Partner
- [ ] Children
- [ ] Other relatives/friends

### Emotional concerns
- [ ] Difficulty making plans
- [ ] Loss of interest/activities
- [ ] Unable to express feelings
- [ ] Anger or frustration
- [ ] Guilt
- [ ] Hopelessness
- [ ] Loneliness or isolation
- [ ] Sadness or depression
- [ ] Worry, fear or anxiety

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Please mark the scale to show the overall level of concern you've felt over the past week.

You may also wish to score the concerns you have ticked from 1 to 10.

![Scale](image)

10 Highest

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**Department of Health**

**NHS Improvement**

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Care plan
Completed by: Josa Fritchard
Date: 21.4.17.
Designation: Macmillan Support Worker
Contact details: 824 049.

Level 1: Score 0–3 Mild concerns
Discuss sources of concern with the patient, including information, contact details and monitor.

Level 2: Score 4–6 Moderate concerns
As above for level 1 and provide information and discuss with the patient and support. Use second level assessment tool if appropriate eg HADs.

Level 3: Score 7–10 Significant concerns
As above in Level 1 and 2 and use second level assessment tool if appropriate eg HADs and refer to specialist services if required.

Overall score on the scale:

<table>
<thead>
<tr>
<th>Main concerns</th>
<th>Score</th>
<th>Description of concern</th>
<th>Plan of action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathlessness</td>
<td>1</td>
<td>Patient says he is breathless but aware this is normal</td>
<td>Patient asked if this was changed since seeing CNS. Pt said ‘no’ and is not worried</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Encouraged to contact Health professional if concerns or he becomes concerned</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Echocardiogram</td>
<td>1</td>
<td>Pt has not appetite but feels weak but not concerned</td>
<td>Encouraged to eat little + often + energy foods if possible. Pt to contact HP if worried</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money advice blue badge</td>
<td>4</td>
<td>CAB referral for benefits. Pt struggling to walk as breathless</td>
<td>CAB completed ‘C’ pt into queue over phone. Clic to apply for blue badge under special rules</td>
</tr>
</tbody>
</table>

Copies sent to:  

Next review due: 

NHS Improvement
Identifying your concerns

Discussed by: JOHN VICKERS
Date: 12/04/17
Designation: Macmillan Support Worker
Contact details: 01225 824049

This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need in the future.

If any of the problems below have caused you concern in the past week and if you wish to discuss them with a health care professional, please tick the box. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

- I have questions about my diagnosis/treatment that I would like to discuss.

### Physical concerns
- Breathing difficulties
- Pass on or urine
- Constipation
- Diarrhoea
- Eating or appetite
- Indigestion
- Sore or dry mouth
- Nausea or vomiting
- Sleep problems/nighmares
- Tired/exhausted or fatigued
- Swollen tummy or limb
- Fever or temperature
- Getting around (walking)
- Tingling in hands/feet
- Pain
- Hot flushes/sweating
- Dry, itchy or sore skin
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### Practical concerns
- Caring responsibilities
- Work and education
- Money or housing
- Insurance and travel
- Transport or parking
- Contact/communication with NHS staff
- Housework or shopping
- Washing and dressing
- Preparing meals/drinks

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- Loneliness or isolation
- Sadness or depression
- Worry, fear or anxiety

### Spiritual or religious concerns
- Loss of faith or other spiritual concern
- Loss of meaning or purpose of life
- Not being at peace with or feeling regret about the past

### Lifestyle or information needs
- Support groups
- Complementary therapies
- Diet and nutrition
- Exercise and activity
- Smoking
- Alcohol or drugs
- Sun protection
- Hobbies
- Other

Please mark the scale to show the overall level of concern you’ve felt over the past week.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
Completed by: JUN VICKERS
Date: 12/04/17
Designation: Macmillan Support Worker
Contact details: 01235 724049

Level 1: Score 0–3 Mild concerns
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| Caring responsibilities  | 7     | Main carer for mother who has dementia, this support from family but needs more respite care from local council. | - Referral to CEB support team  
- Call Grant completed  
- PIP already claimed  
- CEB to support. |
| Family concerns          |       |                                                             |                                  |
| Money or Housing          | 7     | Support with benefits claims and full benefit checks        | - List of insurance firms from CEB given  
- Info on reduced parking charges and reclaiming petrol costs from hospital given. |
| Insurance and Travel      | 3     | Planning a holiday post treatment  
Cost of travelling to hospital / parking |                                |
| Physical and lifestyle concerns tracked but already covered by CEB at earlier app and ext consent. |
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☐ I have questions about my diagnosis/treatment that I would like to discuss.

**Physical concerns**
- Breathing difficulties
- Passes urine
- Constipation
- Diarrhoea
- Eats or appetite
- Indigestion
- Sore or dry mouth
- Nausea or vomiting
- Sleep problems/nightmares
- Felt/tired/exhausted or fatigued
- Swollen tummy or limb
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- Sadness or depression
- Worry, fear or anxiety

Please mark the scale to show the overall level of concern you’ve felt over the past week.

You may also wish to score the concerns you have ticked from 1 to 10.

Patient declined.

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**DH Department of Health**

**NHS Improvement**

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# Care plan

Completed by: John Vickers
Date: 06/04/17
Designation: Macmillan Support Worker
Contact details: 01225 829049

**Level 1: Score 0–3 Mild concerns**
Discuss sources of concern with the patient, include information, contact details and monitor.

**Level 2: Score 4–6 Moderate concerns**
As above for level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level assessment tool if appropriate eg HADs.

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</tr>
</thead>
<tbody>
<tr>
<td>Physical Concerns</td>
<td>2</td>
<td>Patient needed a number of physical concerns that all related to chemotherapy treatment and addressed by chemotherapy nurses / hotline.</td>
<td>Patient knows to evacuate if required.</td>
</tr>
<tr>
<td>Transport &amp; Travel</td>
<td>1</td>
<td>Patient concerned about parking and cost.</td>
<td>Listened to concerns and clarified pay structure for parking at night.</td>
</tr>
</tbody>
</table>

Copies sent to: Next review due:
The intended target from April 2019 is that each patient is invited to attend a Health and Wellbeing Event within 3 months of completing treatment.

- The events we run will be generic events. Some sites (such as Breast) already run their own successful specialist events.
- Given the number of patients undergoing treatment we will need to be running at least two events each month from April 2019 to meet the targets.
Future

* Work alongside other cancer sites to help with implementing and carrying out their HNAs.
* Start completing HNAs 6 weeks post treatment
* Continue to support patients undergoing chemotherapy.
* Continue to support patients in the Cancer Information Centre.
* Offer each patient the chance to attend a Health and Wellbeing Event within three months of completing treatment.
* Liaise with radiotherapy to establish plan to capture patients post radiotherapy.
* Support as required during the transitional period when the RUH Cancer Unit is rebuilt. (Intended completion date 2021.)
Any Questions?