



Guy's and St Thomas'
NHS Foundation Trust

Living With and Beyond Cancer Services

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for the South East London Accountable Cancer Network

Living With and Beyond Cancer Statistics

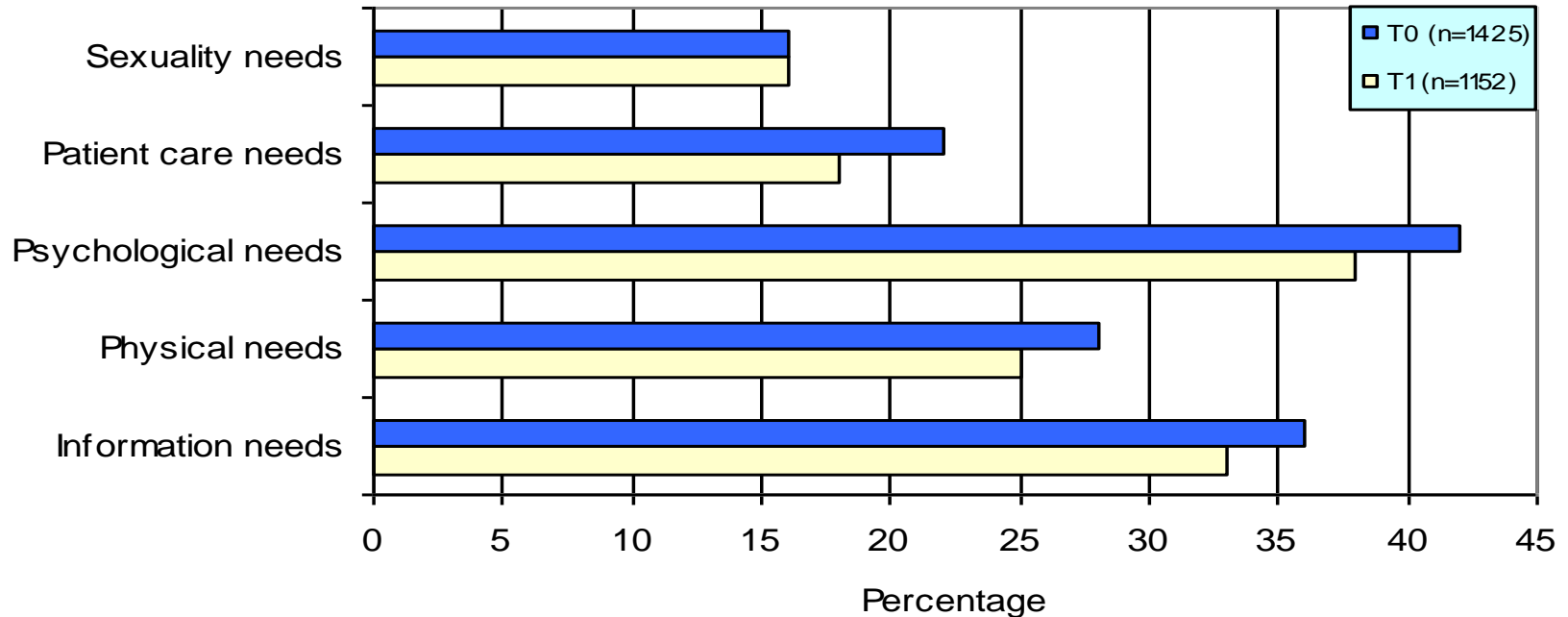
There are now an estimated 2.5 million people living with cancer in the UK, rising to 4 million by 2030

The number of people living with cancer in the UK in 2015 has increased by almost half a million people in the last five years



http://www.macmillan.org.uk/_images/StatisticsFactsheet_tcm9-260514.pdf

Unmet needs at the end of treatment



Key baseline factors at baseline that predict moderate or severe unmet needs: depression, negative mood, receiving hormone therapy, younger age (Armes et al 2009)

Recovery Package

- Holistic needs assessment and care plans
- Treatment summaries
- Health and wellbeing clinics/events
- **Cancer care reviews with GPs**



Holistic Needs Assessment

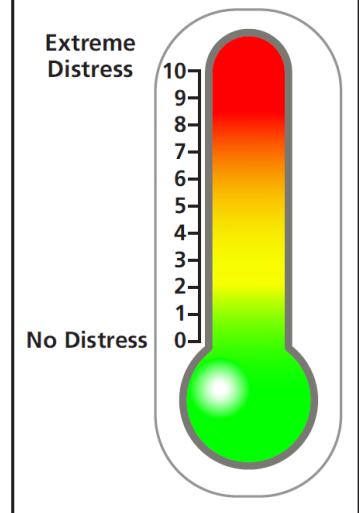
INSTRUCTIONS: For each item below, please tick YES or NO if they have been a concern for you during the past week (including today). Please also tick DISCUSS if you wish to speak about it during your appointment.

Concerns Thermometer

" I am coping well"

Yes No

Please circle the number that best describes how much distress you have been feeling in the last week, including today.



OFFICE USE ONLY

Patient ID:

Preferred name:

Pathway stage:

Date:

Staff ID:

Practical Concerns

	Yes	No	Discuss
Caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing or Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport or parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work or education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Concerns

Relationship with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Concerns

Loneliness or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness or depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry, fear or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger, frustration or guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory or concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual Concerns

Loss of faith or other spiritual concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of meaning or purpose in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regret about the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Concerns

	Yes	No	Discuss
High Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation or Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating or appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore or dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling swollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry, itchy or sore skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling in hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot flushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention/Health Education/Rehabilitation

- **Healthy eating**
- **Weight loss/gain**
- **Exercise**
- **Low alcohol intake**
- **Lifestyle changes**
- **Return to work**



Emotional impact

- Fear of recurrence
- Uncertainty about the future
- Anxiety and depression
- Body image
- Altered relationships
- Psychosexual problems
- Self management
- Impact on family and carers



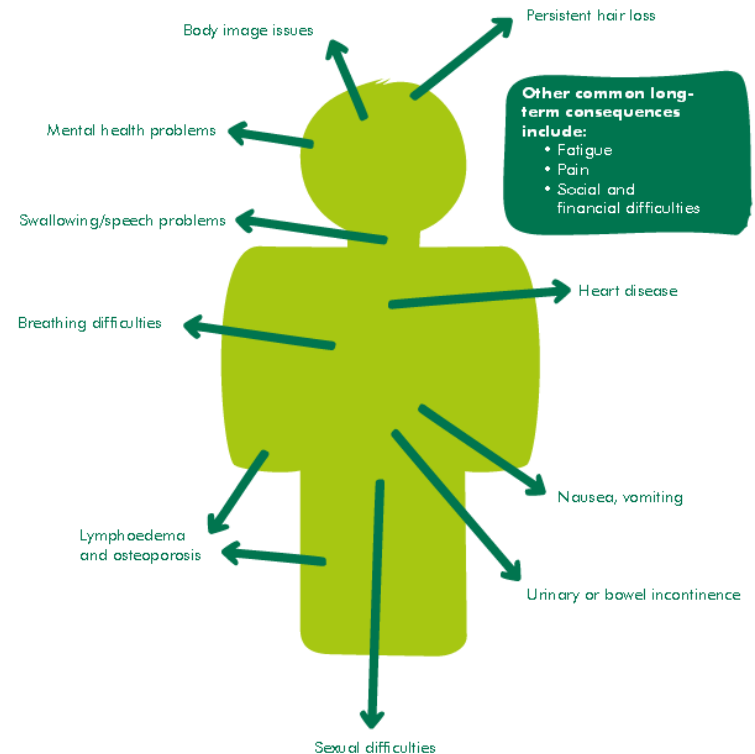
Surveillance/Assessment

- **Clinical examination**
- **Investigations**
- **Models of follow-up**
- **Patient and GP education**
- **Rapid access clinics**



Interventions for consequences of cancer and it's treatments

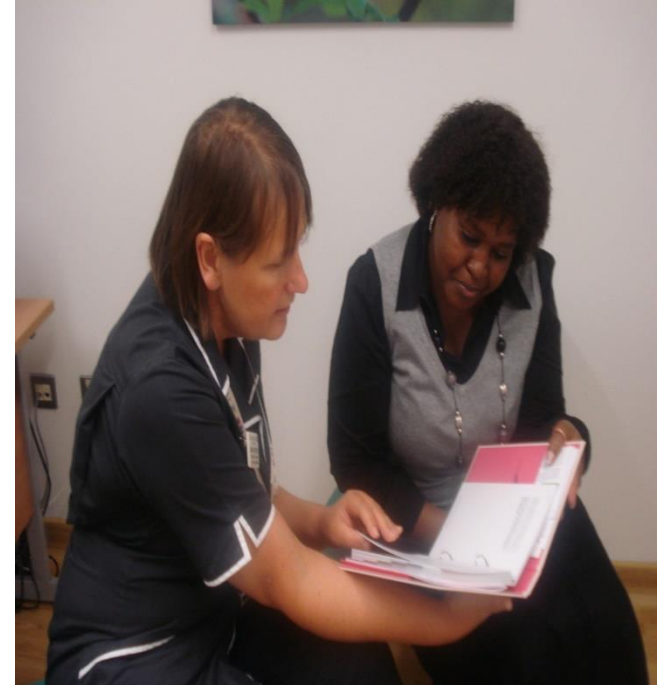
- Rehabilitation services
- Assisted conception clinics
- Menopause clinics
- Continance interventions
- Lymphoedema services
- Financial impact/return to work
– CAB
- Bone health



End of treatment consultations

⑩ Review of HNA and discussion points:

- Previous and on-going treatment
- On-going physical and psychological concerns
- Plan for follow-up and imaging
- Signs and symptoms of recurrence
- Programmes and services available to support recovery
- Health promotion
- Key worker contact
- Agreement of care plan



Health and Wellbeing Events

- **Generic – “The Next Steps” & “Living with Uncertainty”**
- **Tumour specific – Breast cancer, Prostate cancer, Head and Neck cancer programmes**
- **Age specific – Teenage and Young Adults**



Living With and Beyond Cancer at Guys Cancer

- Annual Cancer Survivors Day event
- Portfolio of 1:1 and group services and activities for patients and carers which will continue to develop and grow
- Development of on-line resources, podcasts

