

Living with and Beyond Cancer


Health and wellbeing for patients diagnosed with cancer in Dudley

Welcome

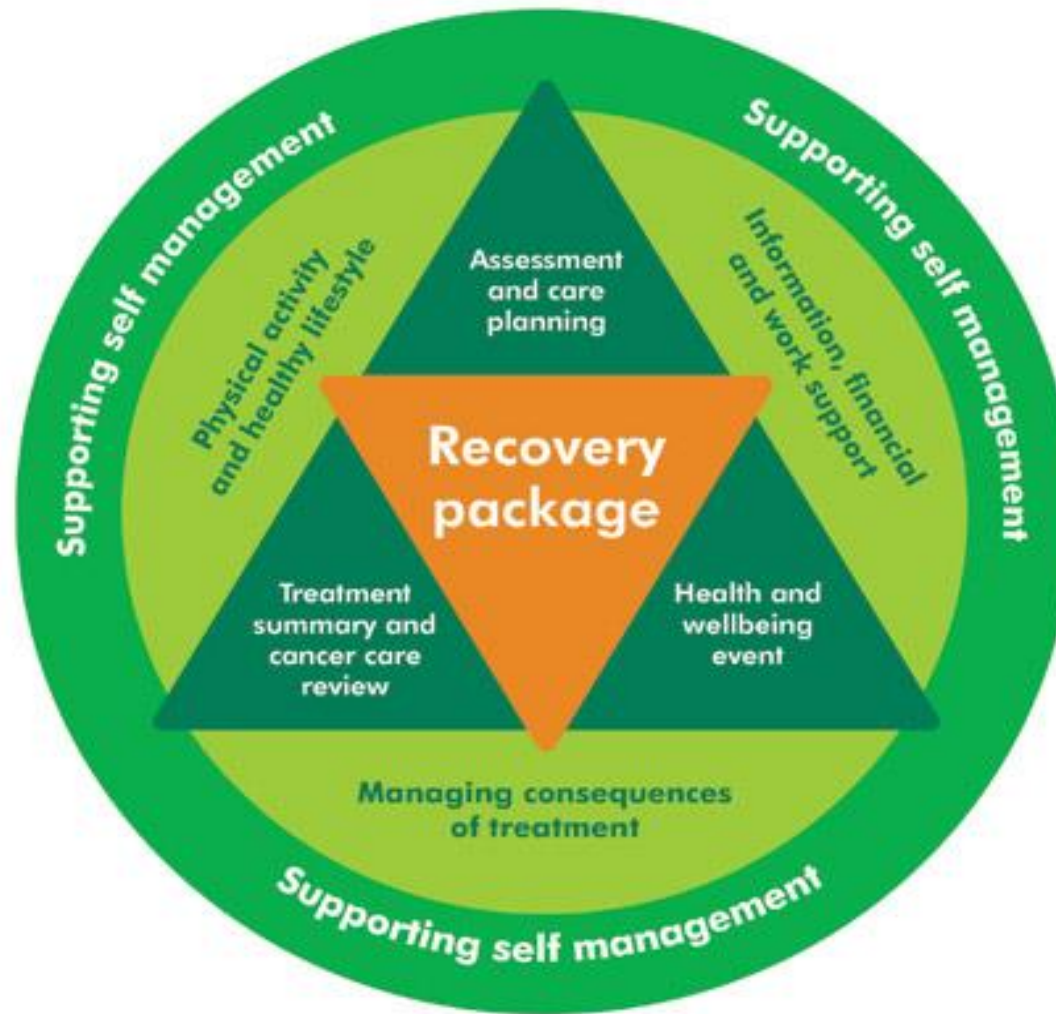
Introduction

- ▶ Aims of this session
- ▶ Cancer Patient Experience Survey (CPES)
- ▶ Role of the clinical nurse specialist (CNS) or keyworker
- ▶ Role of the multidisciplinary team (MDT)

Background - what is health and wellbeing?

- ▶ National Cancer Survivorship Initiative (NCSI) - 2008
 - ▶ Improving outcomes: a strategy for cancer - 2011
 - ▶ Achieving world-class cancer outcomes: a strategy for England 2015 - 2020
 - ▶ NHS Long Term Plan - 2019
- 

Recovery package - 2014



Holistic Needs Assessment

- ▶ You can ask your CNS/LWBC team for an HNA form and booklet, or you will find them in the pack that you may have been sent. You need to be very honest about your concerns, may they be spiritual, emotional, psychological, practical or physical.
- ▶ Look at the scoring (1-10), where 1 is low concern and 10 the highest. Mark on there the level of concern you have had over the last few weeks.
- ▶ Mark the subjects on the form that are concerning you.
- ▶ Give us a call and we can go through it with you, or give it to your CNS at your next appointment to make a telephone appointment to discuss your concerns at a convenient time for you.
- ▶ The aim of using an HNA is to **help you look after you.**

White House Cancer Support

Providing practical and emotional support
for those affected by a cancer diagnosis.





How it all began?

Founded by Elizabeth Harris over
35 years ago

Opened as a drop-in service in
1988 in St. James Road Dudley &
Cross Street Health Centre

Moved to current premises in
1995

What do we do!

We relieve cancer patients, their families, friends and carers both in Dudley and its surrounding areas of the trauma of the diagnosis and treatment of cancer by the provision of practical help and emotional support.

To do this we provide:

- ▶ Transport to those needing to attend cancer treatment at Russell's Hall, New Cross and Queen Elizabeth Hospitals
- ▶ We provide holistic therapies for those wishing to try complimentary therapies and these include Aromatherapy, Massage, Reflexology, Reiki and more.....
- ▶ We provide counselling including bereavement counselling for carers/family
- ▶ We provide information, advice & guidance regarding income related issues etc.
- ▶ We provide information on diet, gentle exercise, relaxation plus we provide other activities such as art/crafts/social events
- ▶ We provide a 24-hour telephone helpline plus much more

Who received our support?

In 2018:

- ▶ 409 new registrations
- ▶ 684 complimentary therapies
- ▶ 495 counselling sessions
- ▶ 2598 transport journeys

Peer support

We support people with all diagnosis of cancer & Carers - support groups:

- ▶ Bowel Cancer
 - ▶ Breast Cancer
 - ▶ Breast reconstruction
 - ▶ Gynae Cancer
 - ▶ Upper GI Cancer
 - ▶ Prostate Cancer
 - ▶ Skin Cancer
-
- ▶ *Due to the Corona virus Pandemic these groups are not currently meeting due to the social distancing guidelines implemented by the Government*

Peer support

We provide community based support to individuals diagnosed with cancer and their carer's / family / friends in the following locations:

- ▶ Amblecote Methodist Church, Stourbridge
- ▶ St. Peter's Church, Upper Gornal
- ▶ United Church, Halesowen
- ▶ *(Due to the Coronavirus Pandemic these groups are not currently meeting due to the social distancing guidelines introduced by the government)*

In support of people with cancer and their carers

Both individually and through the charity
we aim to:

- ▶ Voice
- ▶ Influence
- ▶ Positive change

For more
information or
to access our
services

Kelly Macchiarelli
Support and Information Officer
01384 231232
info@support4cancer.org.uk

Find us online



www.support4cancer.org.uk



@WHCancerSupport



White House Cancer Support

Cancer Treatments and potential side effects



Chemotherapy - 'umbrella' term

Chemotherapy: affects
cancer cells and healthy cells



Hormone therapies

Targeted therapies: affect cancer
cells



Immunotherapy

Monoclonal antibodies

TKIs

Chemotherapy can be given:

- Before surgery – neoadjuvant
- After surgery – adjuvant
- Palliative intent – where disease has spread or returned

Potential side effects

Hair loss

Dry eyes

Nausea and Vomiting

Constipation
Diarrhoea

Pins and needles

Soreness/redness to hands and feet



Infection

Anaemia

Bruising

Tiredness

Common side effects

- Risk of infection
- Tiredness
- Nausea
- Sore mouth
- Diarrhoea
- Constipation



24 hour telephone helpline

CHEMOTHERAPY ALERT CARD!

THE COMPLICATIONS OF CHEMOTHERAPY ARE
POTENTIALLY LIFE THREATENING, THEY INCLUDE

NEUTROPENIC SEPSIS

WHICH IS A MEDICAL EMERGENCY AND
MUST BE TREATED URGENTLY!



NAME



HOSPITAL NO



TREATMENT AREA

REGIMEN

Adapted by permission of UKONS
Printing funded by sanofi-aventis.

**ALWAYS CARRY THIS CARD WITH YOU AND
SHOW IT TO ANYONE WHO TREATS YOU!**

IF YOU:-

- ⇒ HAVE A TEMPERATURE OF 37.5 OR ABOVE
- ⇒ FEEL SHIVERY OR FLU LIKE
- ⇒ FEEL GENERALLY UNWELL

**YOU MUST CONTACT THE 24-HOUR
HELPLINE IMMEDIATELY!**



Mon-Fri 09.00-17.00

01384 244 028



At all other times

01384 244 235



24-HOUR HELPLINE CONTACT NUMBER

**SOMEBODY WILL ALWAYS
BE THERE TO HELP YOU.**

Targeted therapies

- Targeted therapies block the growth and spread of cancer by interfering with specific molecules, enzymes or proteins needed for cancer to grow.
- They are designed to interact with their 'target' and not healthy cells, unlike chemotherapy which can affect healthy cells.
- They include monoclonal antibodies and TKIs.
- Side effects are often less problematic than with chemotherapy.

Immunotherapy

- The immune system protects us from diseases.
- Cancer cells can escape detection and develop into tumours.
- Immunotherapy stimulates the body's immune system so it can fight cancer.
- It is hoped that the body's immune system will remember and recognise cancer and stop it from coming back.
- These drugs can remain in the body and remain active for several months.
- Potential side effects include skin problems, diarrhoea and breathlessness.

A nurse will discuss your treatment with you before you start

They will discuss

- ⦿ The drugs you will receive and how they will be given.
- ⦿ The possible side effects and how they may be managed.
- ⦿ The length of treatment and frequency of blood tests.
- ⦿ Who to contact if you feel unwell or have a concern.

Immunotherapy Alert Card

IMMUNOTHERAPY ALERT CARD

COMPLICATIONS OF IMMUNOTHERAPY ARE POTENTIALLY LIFE THREATENING!

THEY INCLUDE:

- ULCERATIVE COLITIS
- PNEUMONITIS
- ENDOCRINOPATHIES
- HEPATOTOXICITIES
- NEUROPATHY RELATED TOXICITIES
- RENAL TOXICITIES
- SKIN TOXICITIES

PLEASE CONTACT ON-CALL ONCOLOGIST VIA SWITCHBOARD FOR MANAGEMENT ADVICE.

PATIENT NAME

HOSPITAL NUMBER:

TREATMENT:

Start date:

Emergency Contact numbers:

C4/Georgina Unit Day-case - Mon-Fri 0900-1700 – 01384 244028

All other times

C4/Georgina Isolation Unit – 01384 244235; **Ward C4:** 01384 244251

Immunotherapy Alert Card

Call triage immediately if you have any of the following symptoms:

- Headaches that are severe; will not go away or are unusual
- Dizziness/fainting
- Drowsiness/extreme tiredness
- Changes in mood/irritability/forgetfulness
- Weight gain or weight loss
- Decrease in the amount of urine
- Dark urine or Blood in urine
- Skin rash, itching, blistering or peeling
- Excessive thirst
- Yellowing of the skin/whites of the eyes
- Severe joint or muscle pains that will not go away
- Blurred vision
- Severe muscle weakness
- New/worsening cough/hoarse voice
- Diarrhea: watery, loose or soft stools (type 6 or 7); severe stomach pains, blood or mucus in stool

IMMEDIATE MANAGEMENT:

CONTACT ON-CALL ONCOLOGIST VIA SWITCHBOARD FOR MANAGEMENT ADVICE.

Critical tests:

- Full Blood Count
- Biochemistry Profile
- Serum Glucose
- LDH
- AST
- Cortisol
- Magnesium
- FSH
- CRP
- LH
- TFT's
- Oestrol/testosterone
- **Commence Steroid therapy (0.5-1mg/kg/day)**

Refer to Guideline on the Hub (Acute Oncology or Chemotherapy Department Page)

Hormone therapy

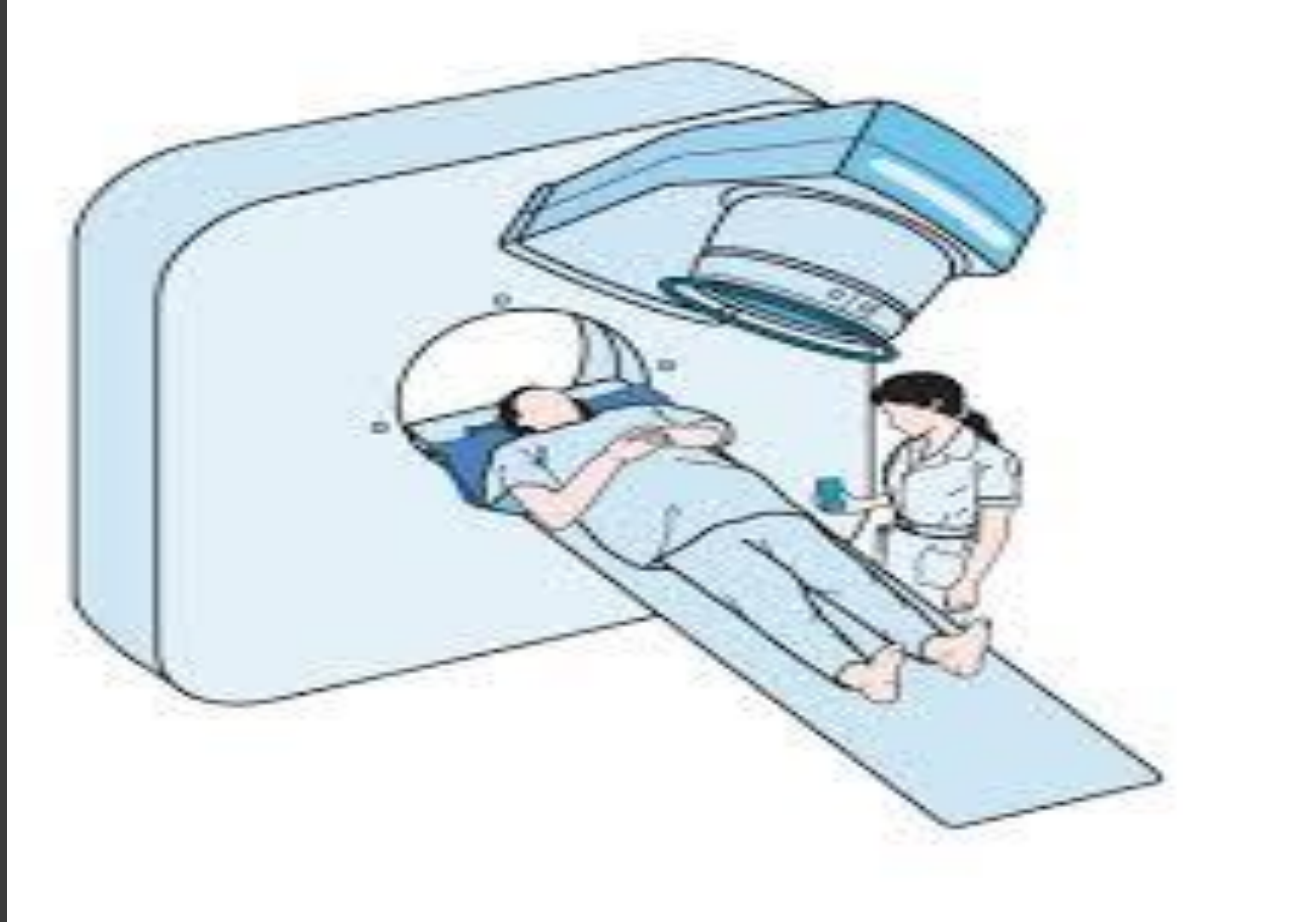
- Affects production or activity of specific hormones in the body
- Tumour will be tested to see if cancer is hormone sensitive

Given for:

- Breast cancer
- Prostate cancer

- Injection or tablets
- E.g. tamoxifen, zoludex, abiraterone
- * General side effects can include tiredness, headaches, feeling sick and muscle/joint aches

Radiotherapy



The use of high-energy rays, usually X-rays and similar rays (such as electrons) to treat cancer.

Treatment

Given for

- Radical treatment
- Symptom control

Can be:

- External beam
- Internal beam

Planning treatment

- CT (computerised tomography) scan taken of the area to be treated
- Images from different angles to build up a three-dimensional picture

Possible side effects

- Local to area being treated
- Common side effect – tiredness

Skin care

- Treatment may cause a skin reaction.
- Radiotherapy staff will give advice on how to look after your skin.
- Avoid using any deodorants, soaps, perfumes and lotions on the area being treated.


If you have any questions, note them down and ask either your treatment nurse, CNS or oncologist.




Acute Oncology Service




What is the Acute Oncology Service?

- ▶ Sometimes, the health of a patient undergoing treatment for cancer may experience symptoms/side effects (this is called becoming acutely unwell).
 - ▶ Complications from a known cancer/oncological emergencies.
 - ▶ Complications from anti-cancer treatments (such as chemotherapy, radiotherapy or other anti-cancer treatments).
 - ▶ Newly diagnosed cancer where the original site of cancer is unknown (cancer of unknown primary).
- 

What are the aims of the Acute Oncology Service?

- ▶ To improve the quality of care during your stay in hospital.
 - ▶ To advise on which tests you may need.
 - ▶ To provide expert advice and support to the healthcare professionals looking after you while you are in hospital.
 - ▶ To refer you to specialists when needed.
- 

How does the Acute Oncology Service link with other hospital teams?

- ▶ The Acute Oncology Service acts as a link between the Georgina Unit and other departments in the hospital.
 - ▶ We also have links with New Cross Hospital to help provide a high quality service to acute oncology patients.
 - ▶ We also have strong links with the hospital's palliative care team who are experts in symptom control e.g. cancer pain.
- 

24 hour triage service

**ALWAYS CARRY THIS CARD WITH YOU AND
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24-HOUR HELPLINE CONTACT NUMBER

**SOMEBODY WILL ALWAYS
BE THERE TO HELP YOU.**

Symptoms of concern

Neutropenic Sepsis

You **must** contact the 24 hour triage helpline with any of the following symptoms:

- ▶ Temperature of 37.5°C or above or below 36.0°C
- ▶ Feeling shivery or flu-like
- ▶ Feeling generally unwell following chemotherapy



Metastatic spinal cord compression (MSCC)


If you have been diagnosed with cancer, you need to be aware of warning signs of a metastatic spinal cord compression.

Spinal cord compression is not common, but usually occurs in about one in 20 people affected by cancer who have developed bone metastases.




When to contact your hospital team immediately

If you develop any of these symptoms:

- ▶ Back or neck pain that becomes severe.
 - ▶ Pain that feels like a band around the chest or abdomen, or spreads into your lower back, buttocks or legs.
 - ▶ Pain that keeps you awake at night.
 - ▶ A numbness/burning feeling or pins and needles in the toes, fingers or above the buttocks.
- 

MSCC symptoms continued

- ▶ Feeling unsteady on your feet, having difficulty walking, weakness/legs giving way.
 - ▶ Problems controlling your bladder, incontinence, passing little or no urine.
 - ▶ Constipation or problems controlling your bowels.
 - ▶ Contact a healthcare professional.
- 

The acute oncology team is a link between the general medical teams and your oncology team, and aims to improve your stay within the Trust.



Always ask your CNS or oncologist if you have any questions.





A Community Interest Company Social Enterprise

LYMPHOEDEMA AWARENESS

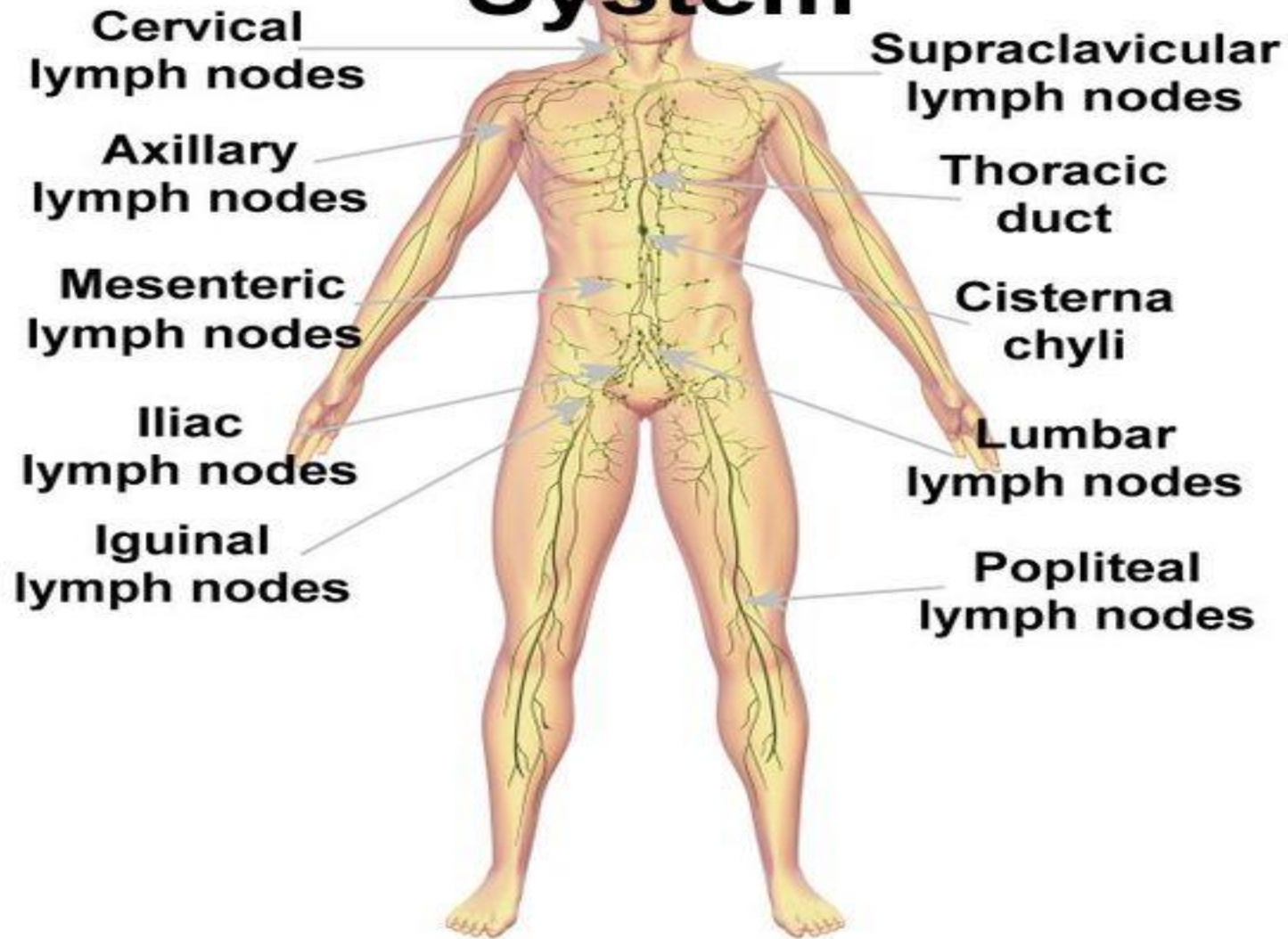
Aims

- ▶ To raise awareness of Lymphoedema and Oedema
- ▶ Early recognition
- ▶ Discuss treatment options available/innovative treatments
- ▶ Referral

What is the lymphatic system?

- ▶ Works alongside the cardiovascular system.
- ▶ One way drainage system transporting lymph.
- ▶ Returns proteins and fluids to the general circulation.
- ▶ Role in immune system – production of lymphocytes.

The Lymphatic System



Many causes :

- ▶ Primary –born with a lymphatic condition
- ▶ Chronic venous disease, lymphovenous oedema
- ▶ Cardiac/renal failure related oedema. Dependency/gravitational oedema –lack of muscle pump

SECONDARY

Damage to the lymph nodes and vessels due to:–

- Surgery
- Radiotherapy

What do we know?

- ▶ Statistics collected by LSN suggest 240,000 people are affected, this may still be an underestimated figure.
- ▶ Lymphoedema/oedema can affect anyone.
- ▶ The condition remains poorly recognised and poorly treated.

Early recognition

- ▶ Visible swelling to affected area
- ▶ Heaviness/discomfort to area
- ▶ Tightness/marking from clothing/socks
- ▶ Tight jewellery

Cornerstones of care

- ▶ Skin care



- ▶ Exercise



- ▶ Simple lymphatic drainage/medical lymphatic drainage

- ▶ Compression mainstay of treatment

Bandaging/compression hosiery



Innovative treatments



Referral...

- ▶ Specialist nurse
- ▶ GP
- ▶ Hospital consultant
- ▶ District nurse
- ▶ Practice nurse
- ▶ Physio
- ▶ Chiropody

Questions

No question is insignificant, if something concerns you, makes you anxious or you didn't understand or just can't recall what was said, please ask one of the team who is looking after you.

We are here to help and if we don't know the answer we will do our best to find someone who does.

Palliative care



Palliative Care

‘What is it?’

- ▶ Palliative care is a speciality which focuses on caring for people with a life limiting illness and their families. It not only aims to relieve physical symptoms such as pain, but it also ensures a person’s cultural, emotional, psychological, social and spiritual needs are met. The aim of palliative care is to improve the person’s quality of life and that of their family.
- ▶ Palliative care is not just provided during the last stage of disease and when someone is dying. It is started as soon as someone is diagnosed with a life limiting illness. It can be given in any setting, such as at home, in the community or in hospital.
- ▶ Patients panic when they hear “**palliative care**” and think it **means** they are dying. But **palliative** isn't only for people who are end of life, and it is not the same as hospice **care**. **Palliative care** should be part of the **treatment** plan from the time of diagnosis of an illness through end of life and hospice **care**.



Benefits of palliative care

- ▶ Increased quality of life.
- ▶ Relief from different symptoms.
- ▶ Decreased emergency visits.
- ▶ Help to family members who look after patients by providing the necessary help they need.
- ▶ Decreased stress to patients and family members.



Action Health It's Good to Move!

Health and Wellbeing Event
Russells Hall Hospital



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Physical activity and cancer

- **Prevention**
- **Prevention of recurrence**
- **General recovery**
- **Recovery between/during treatments**
- **Quality of life**
- **General cardiovascular health**



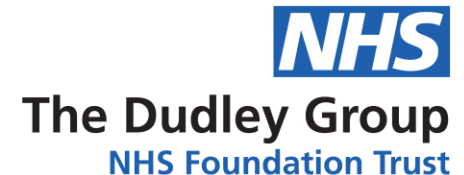
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Cancer treatments

Depends on type of cancer and stage of cancer

- **Surgery**
- **Radiotherapy**
- **Chemotherapy**
- **Hormonal**
- **Targeted therapy**



Physical activity and cancer

- Reduce tiredness
- Reduce stress and anxiety
- Improve mood
- Build muscle strength
- Relieve joint pain
- Manage bodyweight

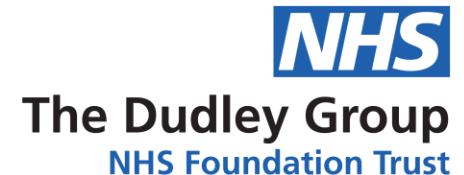


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Current findings

- There is evidence that some health related behaviours such as diet and smoking **improve** after a cancer diagnosis
- Physical activity levels however **reduce** significantly



DEPARTMENT OF HEALTH PHYSICAL ACTIVITY GUIDELINES JULY 2011

- 150 MINS MODERATE ACTIVITY OR
- 75 MINS VIGOROUS ACTIVITY OR
- A COMBINATION OF THE ABOVE



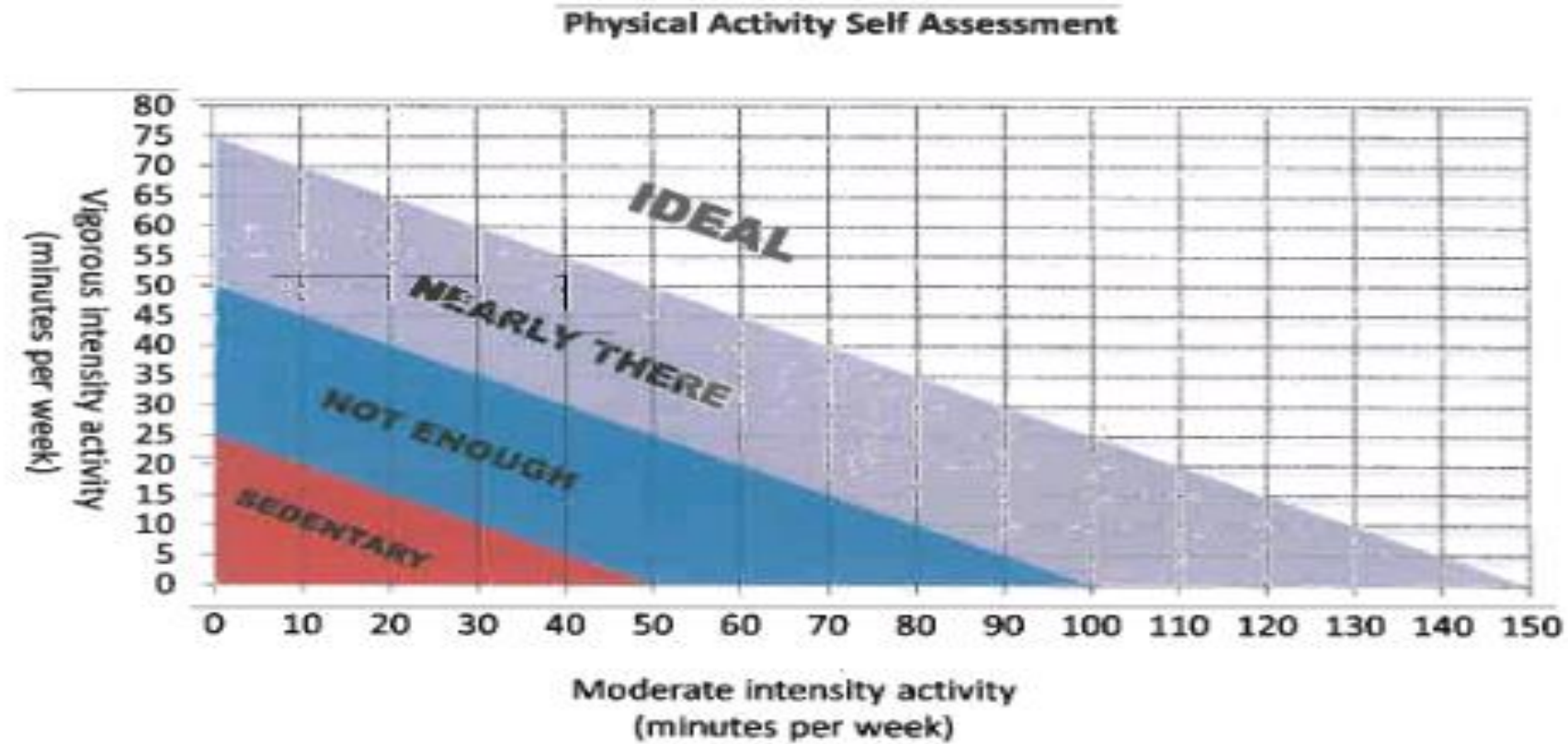
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How much physical activity?



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Every little helps!



Standing vs sitting

- **Extra 50 calories per hour**
- **3 hrs x 5 days**
- **750 calories per week**
- **30 000 calories per annum**
- **= 10 marathons per annum!**



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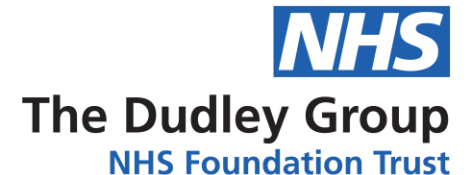
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It doesn't have to be intense!

- 15 mins jogging = 150 cals
- 60 mins cooking = 180 cals
- 60 mins standing = 170 cals
- 30 mins gardening = 160 cals





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Action Health

It's Good to Move!



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Referral form



ACTION HEALTH REFERRAL FORM			
Patient Name: _____ Hospital Unit No: _____ (if known)			
Home Address: _____			
Post Code: _____	Telephone No: _____		
Gender: M / F (please circle) D.O.B: ____/____/____ Age: _____ NHS No: _____			
ETHNICITY (please tick appropriate box)			
A. White: <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other _____			
B. Mixed (dual heritage): <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other _____			
C. Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other _____			
D. Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other _____			
E. Any other ethnic group: <input type="checkbox"/> Chinese <input type="checkbox"/> Travellers <input type="checkbox"/> Yemeni <input type="checkbox"/> Other _____			
F. Do not wish to state: <input type="checkbox"/>			
PRIMARY REFERRAL REASON			
Please state the cancer diagnosis: _____			
History of CVD <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hypertensive <input type="checkbox"/>	Underweight <input type="checkbox"/>
Age +50yrs <input type="checkbox"/>	Smoker <input type="checkbox"/>	High Cholesterol <input type="checkbox"/>	COPD <input type="checkbox"/>
Anxiety / Stress <input type="checkbox"/>	Depression <input type="checkbox"/>	Overweight <input type="checkbox"/>	Asthma <input type="checkbox"/>
Does the patient have lymphoedema?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the patient have neuropathy/loss of sensation (hands/feet/both)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the patient have metastases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please write below, or attach, information that you feel may be relevant to the Action Health Team:			
Statement of Consent:			
I _____ (Print Name of Referrer) refer the above patient, under the terms and conditions of our mutually agreed protocol, to Action Health (contact 01384 456111 x1470)			
Signature: _____ Role: _____			
Department: _____ Extn No/Bleep: _____ Date of Referral: ____/____/____			
The patient understands the Action Health Team will view and keep his/her personal details in order to deal effectively with the referral and for auditing and evaluation purposes in accordance with the Data Protection Act. Only anonymous details will be published without their expressed consent.			
* PLEASE ATTACH A MEDICATION/SUMMARY LIST TO THIS FORM (or ask the patient to bring it to their appointment). Please return to : Action Heart, C Block, Russells Hall Hospital, Pensnett Rd, Dudley, DY1 2HQ			



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Action Health Service

- Phone call
- 1 to 1 screening
- 12 weeks
- 6 month follow-up



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One to one consultation



- **Goals**
- **Barriers**
- **Prior activity**
- **Treatment**
- **Exercise station**
- **Independent**

Exercise choice



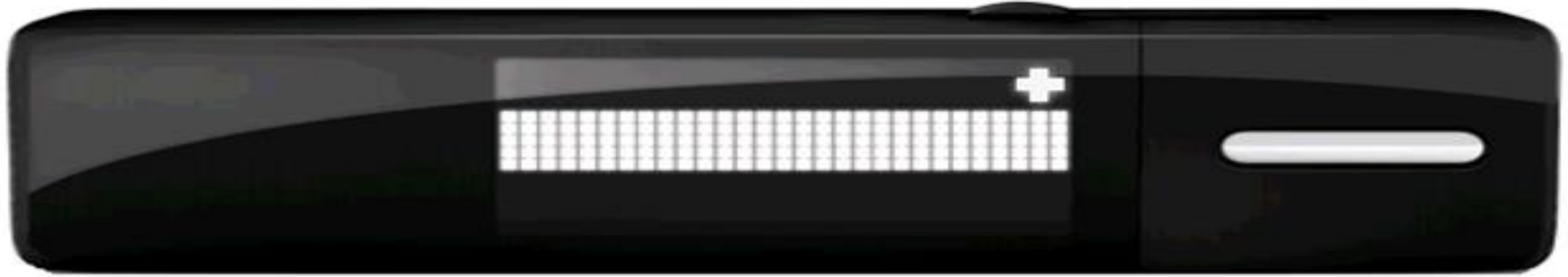
- **Action Heart Centre**
- **Leisure Centres**
- **Crystal**
- **Dudley**
- **Halesowen**
- (Due to the Coronavirus pandemic, Action Health will be providing a different type of support due to the social distancing guidelines introduced by the government)

Specialist equipment

- Individualised programme
- Mobility issues
- Strength issues

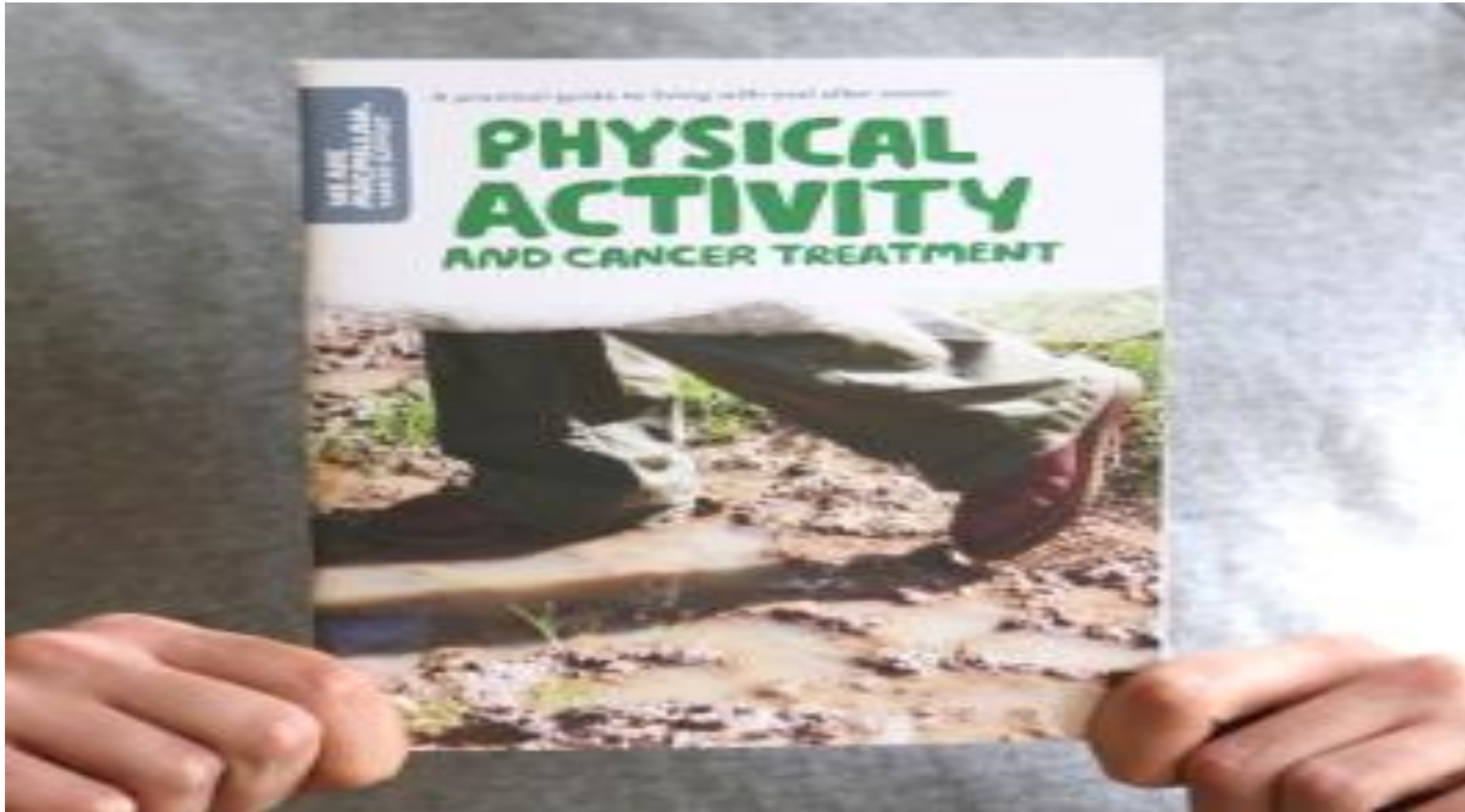


Accelerometer



- Measures 'moves'
- Motivational tool
- Independent exercisers
- 'Support' system

Useful information/tools



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Outdoor gym Russells Hall Hospital

(Currently not in use due to the social distancing guidelines introduced by the government)



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Dudley Exercise Referral Programme



Feedback

- **‘Positive’**
- **‘Excellent service’**
- **‘Taking control’**
- **‘Highly recommended’**



Thank you



for your interest!



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Psychological concerns

Dr Chantelle Osborn
Senior Counselling Psychologist
Oncology and Haematology Services
Russells Hall Hospital and Cross Street Medical Centre

Welcome!

Wait, what's a cancer psychologist?

Our role is to help people like you cope and adjust to the emotional stresses that can happen when one is physically ill.

Seeing one of us is just like seeing any other member of the healthcare team except we focus on how/why a person is thinking and feeling about the illness.

Psychologists are trained to understand and help those whom they work with understand behaviours, emotions and thoughts.

Offer therapy platforms either on 1 to 1 or group basis. Confidential and non judgemental support.

Trained to manage complex **psychological** health needs and provide specialist care for people with a diagnosis of pre-existing severe mental health illness that has been exacerbated by **cancer**.

Focus on assessment, formulation, treatment planning based on research from a psychological perspective.

Cancer and mental health

Nearly two thirds (64%) of people recently diagnosed with cancer in England have experienced mental health problems such as anxiety and depression while waiting for their treatment to start, around 190,000 people a year. (Macmillan Cancer Care, 2017; NHS England, 2016).

Depression is up to six times more likely in people with cancer vs. general population, -rate is generally around 2% (Walker, Jane et al, 2014)

It might sound obvious to say that many people living with cancer have feelings of depression or anxiety – but it is important to make the distinction between natural feelings of worry and sadness that many people would feel at such a difficult time, vs more severe conditions.

What we can experience

Fear, uncertainty, worry,
anxiety (fear of
recurrence/progression).

Low mood, sadness,
irritability, depression.

Anger, resentment,
frustration, guilt.

Grieving/sense of loss

Denial/not happening,
confusion, repression.

Shock, numbness,
disbelief, adjustment.

Loneliness, isolation,
avoidance, lost.

Body image, sexual
issues, confidence.

Memory, concentration
and dual tasking.

Factors affecting our adjustment:

Available support

Interpersonal
connections

Our expectations:
unrealistic/misinformed

Clear communication
and feedback

Lack of understanding
(diagnosis, outcomes,
prognosis, procedures)

Lack of resources

Lack of autonomy
(trapped, no choice?)

Plate-spinning (too
much going on,
responsibilities)

Common challenges as a caregiver/loved one

Managing physical care as well as emotional. Maybe we aren't coping? Other issues ourselves?

Little time for other relationships-isolating

Managing—multiple hospital appointments, communicating with staff, relatives, organising medication

Neglecting own needs – health, nutrition, exercise

Changed and/or additional roles and responsibilities

Generally less likely than patients to disclose their concerns/difficulties

How caregivers can help with patients' concerns

What to say, how to respond,
how to help?

Don't underestimate listening.

- - Shows you understand rather than trying to just reassure.
- - You don't have to offer solutions.
- - Encourage to talk.
- - Person who is anxious/depressed can be difficult to help – argumentative, irritable, withdrawn and demotivated.

When to ask for help

Not 'weak'- okay to not be okay

It's not 'normal' to be depressed or struggle long term with anxiety – help is available i.e. you don't just need to accept it.

If you are avoiding/withdrawing from usual activities

Experiencing any of the anxiety/low mood symptoms we discussed:- increasing in frequency/intensity

If you feel that it is affecting your quality of life and having a significant impact on day to day life – speak about it!

If you feel you have exhausted all self help strategies and symptoms not improved

How do I access the Cancer Psychologist?

1

If you and your healthcare professional feel your needs are more psychological, you will be referred to a psychologist.

I can also see you on the ward.

2

You will then be offered an OPT IN letter....just an invite to see if you still need me.

3

You and the psychologist will book in an appointment together, for an assessment.

4

Normally short term therapy offered; 1-8 sessions are usual, but you will agree what is suitable for you. **Mon-Fri, 9-4pm**

Some people spread their therapy out. We know cancer adjustment is a journey.

Mon-Fri, 9-4.30pm

Appointments held at Russells Hall Hospital or Cross Street Health Centre

Home visits or telephone sessions not usually recommended.

Tel: 01384 366249

Just to remember

- It is completely **natural and expected** to feel an increase in difficult thoughts, emotions (especially uncomfortable ones) and changes to behaviour.
- However, if these changes **start to impact your coping and functioning** over a long period of time (we usually start asking more questions if your symptoms persist after treatment completion/even discharge), then it might be worth having a psychological assessment.
- Please talk to those in your care as much as possible about your concerns, there's no such thing as a silly question. Mental health just as important as physical; usually if one is suffering, so is the other.
- Remember: these changes are often temporary and we will find ways of coping and adjusting.
- However, we might just need a bit more support to help us get there.

The image features a light gray background. In the upper half, there are four overlapping speech bubbles: an orange one on the left, a pink one in the center, a light blue one on the right, and a yellow one partially visible behind the pink one. The text "Thank you!" is written in white inside the pink bubble. In the lower half, there are four question marks of different colors: teal, pink, orange, and yellow, arranged from left to right.

Thank you!

Macmillan Benefits Advice Service in Dudley, Sandwell & Walsall



**WE ARE
MACMILLAN.
CANCER SUPPORT**

Introduction

We have a team of 7 Macmillan Benefit Advisors working across Dudley, Sandwell and Walsall in a number of acute settings. The advisors that are predominantly working in Dudley are Lorraine, Connor and Si.

In addition to our advisors we also have a dedicated Business Services Team who you can contact Monday to Friday to arrange appointments.

Our Service – what we do

- ▶ Our service has 3 main priorities:

1. To assist cancer patients and family members with income maximisation to improve their quality of life and health and wellbeing
2. To support cancer patients to access our service as early on in their diagnosis as possible so that they can experience the benefit of our service for as long as it is needed. However even those in remission can access our service for advice and support.
3. To make our service as accessible as possible for cancer patients

Why is our service needed?

- ▶ Macmillan Research has shown that 4 out of 5 people with cancer are on average £570 per month worse off as a result of their diagnosis. The reason for this is because of travel costs / hospital parking / fuel / needing to replace clothing / dietary needs and also being unable to work.
- ▶ We are here to help our clients claim everything that they are entitled to try prevent financial hardship with a view to the cancer patient being able to focus on their health, treatment and recovery.



What advice we can provide

- ▶ We are a group of experienced benefit caseworkers who can maximise people's income from a variety of sources such as:
 - Means tested and contribution based benefits
 - Disability and Carers Benefits
 - Access to benefits to give support with transport cost
 - Macmillan Grants
 - Blue Badges
- ▶ We can also signpost for advice on other issues such as:
 - ▶
 - Employment / debt / housing advice within Citizens Advice
 - Macmillan Direct providing services such as energy advice, financial advice regarding pension / insurance policies and emotional support



Our Referral Process

- ▶ Patients and an extended group of people connected to that patient can reach our service by:

1. Self referral by the patient or their family members
2. Through a referral form completed by a professional such as a GP, CNS, consultant etc
3. Completing referral forms and sending through OR by ringing our dedicated number

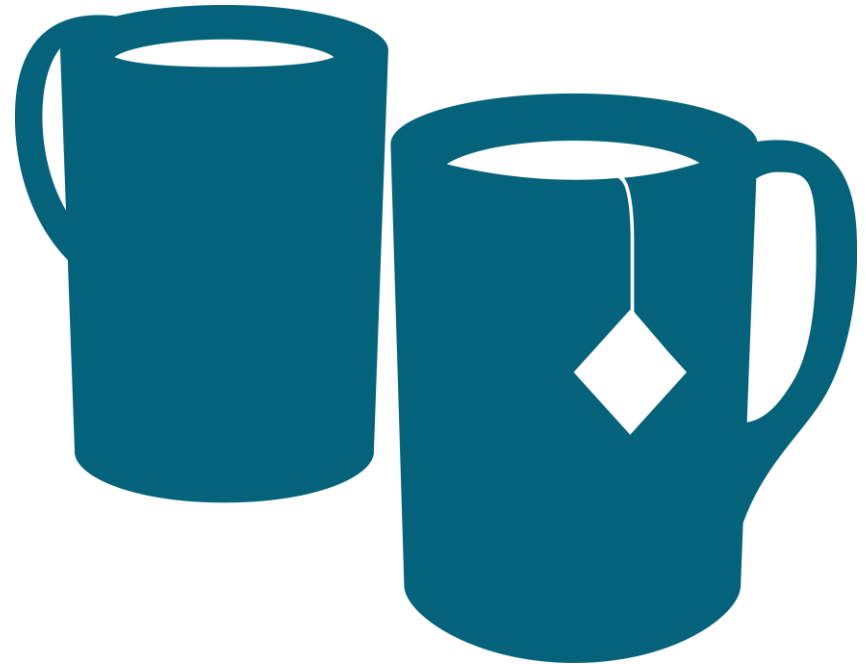
- ▶ We can also provide Casework and/or general advice via telephone interviews and signposting

▶ Due to the Coronavirus Pandemic CAB staff in the Macmillan Service are not currently working in venues or offering face to face support due to social distancing guidelines introduced by the government.



Venues: For Dudley Borough

- ✓ The Whitehouse Cancer Support Centre
- ✓ Georgina Unit: Russell's Hall Hospital
- ✓ Coseley Family Centre
- ✓ Queens Cross Network
- ✓ St James GP Practice Dudley
- ✓ Brierley Hill Health and Social Care Centre
- ✓ Mary Stevens Hospice Day Unit
- ✓ ***These venues are not currently available at this time due to the social distancing guidelines introduced by the government***



How to contact us

▶ Contact us by telephone on

▶ **01384 817721 or 01384 814690**

Monday to Friday 8:30am to 4:30pm

▶ Contact us by email at advice@dudleycabx.org

▶ Or ask one of your medical professionals to refer you to us via our referral forms.

Thank you .

Remember our aim is to help as many people as possible to reduce the financial impact of having a cancer diagnosis so please get in touch to book an appointment.



PLEASE CONTACT US WITH **ANY QUESTIONS**



CNS and contact number

All CNS groups are based at Russells Hall Hospital, Dudley

01384 456 111 and the following extension:

Skin cancer	3088
Bowel cancer	2286
Gynae cancer	3355
Lung cancer	2752
Upper GI cancer	2443
Chemotherapy	2028
Breast cancer	2065
Urology cancer	2873
Prostate cancer	2873
Haematology	2453
Head and neck	2655



**Thank you for watching.
Any questions?**

Contact your CNS teams

Contact the LWBC team

Remember, no concern is insignificant. If you are concerned or feeling anxious, always ask questions.