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NHS Borders Transforming Care After Treatment (TCAT) Project Evaluation

September 2015

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Introduction

By 2015 it is thought that 2.5 Million people are living with or beyond cancer in the UK, rising to 4 million by 2030.

While increasing survival rates are positive, there is a need to be cognisant of the growing evidence base which indicates that many patients are left experiencing a range of problems, both physical and emotional, following cancer treatment making it difficult for them to return to full health.

In the current economic climate there is also a recognised need for integration of health, social care and third sector groups to avoid duplication of work and make best use of resources to ensure service provision in the future benefits patients, enabling them to engage in their own care and maximise their health.

The consequences of this changing picture on both patients and services has been acknowledged nationally, regionally and locally with acceptance that standard care pathways and working practice require remodelling if we are to meet patient need and service demand in the future.

To support the development of service redesign following active treatment of cancer, in Scotland, Macmillan Cancer Support has invested £5 million over a five year period in the Transforming Care after Treatment (TCAT) Programme. The TCAT programme is a partnership venture between Macmillan Cancer Support, the Scottish Government, Regional Cancer Networks, Health Boards, Local Authority and the Voluntary Sector.

The overall aim of TCAT is to enable people who are living with and beyond a cancer diagnosis to live as healthy a life as possible, for as long as possible. A particular focus on supporting the transition from acute to community care through integration of services and development of self management strategies is critical.

Phase One of the TCAT programme supported development projects to test new models of care after active cancer treatment. NHS Borders was successful in securing funding to pilot a **Locality Based Health and Wellbeing Support Programme for People with Cancer as part of Phase One**. This paper will report on the project and outline recommendations arising from the evaluation.

Background to NHS Borders Pilot Project

The National Cancer Survivorship Initiative (NCSI) has enabled a body of work and evidence base to be developed around new ways of working and integrated programmes of care/support following treatment for cancer. The publication, *Living With and Beyond Cancer: Taking Action to Improve Outcomes* (DOH 2013) details what has been learnt since the NCSI was launched in 2007 and shares models of care which have been tested and are recognised as good practice based on this learning.

A key message from the NCSI work was that one of the most important steps to achieving good outcomes for people with cancer was the implementation of 3 components of care:

- Individual assessment and care planning
- End of Treatment summaries
- Access to a health and well being clinic

These 3 components have been collated and are now known and recognised collectively as the “Macmillan Recovery Package”.

Within NHS Borders a “steps to recovery programme” had been piloted to support patients post treatment. The Holistic Needs Assessment Tool which aided an individual assessment and care planning was already in use by the Macmillan Cancer Information and Support team. However neither of these two care components were in regular use or embedded in practice across specialities, disciplines and care settings.

It was also recognised that, while strong links existed with primary care teams and the Macmillan Welfare Benefits Team, current pathways of follow up care for patients with cancer remain firmly rooted in secondary care with a medical/disease focus and little integration with social care.

The TCAT programme was seen as an opportunity to pilot a locality based health and wellbeing programme for people with cancer testing aspects of the Macmillan Recovery Package with a view to embedding this in day to day practice across the Scottish Borders.

The Scottish Borders is a rural area with traditionally poor transport links. Access to public transport to hospital appointments or community services can be limited. Some people, living out with a town can feel isolated. Some rural areas have little or no internet or mobile phone services.

The project was piloted in TD9; population 14,500 with 105 new cancer diagnoses per year. The rural area was chosen as it is an area which has a high rate of social deprivation, and known poorer health outcomes compared to the rest of the Scottish Borders, as well as Scotland.

Project Aim

The overall aim of this project was to enhance patients' health and wellbeing by providing integrated support which is relevant to individual needs and promotes independence and healthy lifestyles: and supports possible future changes to risk stratified follow-up.

Project Objectives

Over a 12 month period, the project aimed to test the following package of measures via a locality base approach:

- Completion of Holistic Needs Assessment (HNA) consistently at key points in pathway
- Creation of Patient Individual Care Plans based on HNA, which will involve discussions with primary care and other Allied Health Care Professionals (AHPs)
- Creation of End of treatment care summary for patient and GP
- Locality based Patient Education and Support Networking Events at the end of treatment ("Moving on" Health and Wellbeing Events)
- Creation of links with community based resources to promote healthy lifestyle choices

Methodology

An integrated approach to developing TCAT support services was adopted by engaging with key stakeholders from existing healthcare, social care, community and charitable service providers. GP and public involvement groups were consulted on the Project. Fundamentally, patient experience and patient need were explored to inform project development.

Governance

The project structure and documentation of roles and responsibilities were identified early on and can be seen in full in Appendix 1.

The project board included representation from health and social care to allow sharing of information, avoidance of duplication and identification of opportunities. Integrated representation on the project board enabled the team to build on work already being developed locally through the Older People's Change Fund, the Local Service Framework and projects led by the Borders Health Improvement – Healthy Living Network (HLN) team. The Project Team, funded from the TCAT Grant, had specific ring fenced hours for the project and consisted of a Project Support Officer and expert cancer clinical staff.

A Project Initiation Document (PID) was produced giving a clear project plan from the outset.

Regional and national reporting was achieved by submission of a quarterly Project Highlight Report to the SCAN TCAT Regional Board and National TCAT Programme Board.

Stakeholder Engagement

A communications strategy was drawn up which set out the key actions to be undertaken to communicate and engage with staff, patients and key stakeholders about NHS Borders Transforming Care After Treatment (TCAT) project. The principle aims being to:

- Inform stakeholders of TCAT pilot
- Ensure key messages in relation to TCAT are communicated
- Keep stakeholders updated throughout the life of the project

Throughout the life of the project communications were wide and varied and included:

- a. TCAT Launch Away Day
- b. Meeting with GP Practices
- c. Meetings with Community Service Providers
- d. Napier/Macmillan Evaluation Day
- e. Macmillan Learn and Share Event
- f. Public reference group
- g. Monthly TCAT newsletters
- h. Meeting with chair of the GP Sub Group who disseminated information to group members for comment
- i. Project highlight reports
- j. Local and regional Clinical Leads for cancer specialities
- k. Unit meetings
- l. IT communications
- m. Monthly Project board meetings

User involvement underpinned the project at all stages and a full list of strategies used can be seen in Appendix 2.

Internal Evaluation

A variety of methods were taken to evaluate the strategies and interventions implemented during both the pre pilot phase and the pilot phase.

Pre pilot Patient Group

1. Baseline questionnaire to patients in the TD9 postcode area who completed cancer treatment in the previous two years.
2. TCAT Launch/Away Day – a formal evaluation form was sent to all attendees and informal feedback on the day was also noted.
3. Focus Group – a focus group was held to further explore questionnaire findings.

Pilot Patient Group

1. Evaluation forms were given to patients who attended health and wellbeing events as well as market stall holders. Informal feedback was also noted.
2. Semi Structured 1:1 Interviews were carried out with patients from the pilot cohort who had:
 - finished cancer treatment,
 - completed an HNA, and,

- been given the opportunity to attend a Health and Wellbeing Event

To avoid bias, the interviewer had not been directly involved in the treatment pathway of the interviewee. Interviews were recorded and transcribed at a later date by the TCAT Project Officer, independent of the interview process.

3. Semi structured interviews were held with local team members

External Evaluation

Edinburgh Napier University (ENU) was commissioned by Macmillan Cancer Support to carry out a national evaluation. Due to the stage of this project in relation to the commencement of the national evaluation, timely links which could support both local and national evaluation were difficult to establish. However, despite this, the Project Team were able to complete, retrospectively, most of the core data set required by ENU which will allow Borders data to be included in the national evaluation.

The Project Team also participated in two focus group led by ENU.

ENU analysed the Borders HNA data as part of the national project and, although not directly related to the project aims and outcomes, may be useful for information as services move forward.

1. Pre-Pilot Phase:

a. Interagency Engagement

TCAT Launch Day

Key stakeholders from community, social, health, voluntary, charitable, regional and educational services, as well as service users, (Appendix 3) were invited to attend a 'TCAT Launch Day' where the project aim was shared, integrated working explored and ideas to shape project development gathered; 35 (94%) of invited stakeholder groups attended.

Attendees heard a poignant story from a cancer survivor about her journey through and after treatment, focusing on her unmet needs. In particular, she described falling into 'a big black hole' when support suddenly stopped after treatment ended; not knowing who to contact or what symptoms to look out for, and how she felt that she and others thought she should be happy once the treatment journey ended yet she wasn't. Her story, alongside a formal presentation of the TCAT Project, fuelled productive group discussions.

Findings from TCAT Launch Day

Although the main purpose of the Launch Day was to share information, engagement from attendees who were keen to understand and further explore the needs of people out with the healthcare setting and in the community environment, was remarkable. As well as attendees sharing the purpose and availability of their own service, they took the opportunity to foster new and productive relationships.

While only 5 of the stakeholders attending the Launch Day gave formal feedback many others reported back verbally. Overall the stakeholders reported having gained an increased awareness of ongoing needs of people after cancer treatment and identified new opportunities for joint working to provide such services. This was demonstrated through stakeholders' commitment to support the proposed health and well being events as well as health and fitness organisations establishing new links with community groups.

Further evidence of joint working and directly related to TCAT is the proposed application to Macmillan Cancer Support to participate in the Move More project. This will be hosted by Borders Sport and Leisure Trust and partners will include Public Health, Fit Borders as well as Specialist Cancer Services. Another example of joint working developed as a result of TCAT is that Cancer Information and Support Services are now involved in the working group of the Burnfoot Community Hub Project.

The Launch Day was also the driver for the development of a Service Directory (appendix 4), a monthly newsletter (appendix 5) and Webpage as detailed below.

Webpage

[http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/transforming-care-after-treatment-\(tcat\)/](http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/transforming-care-after-treatment-(tcat)/)

Recognising that all participants at the Launch Day were unaware of the full range of services available throughout the TD9 area it was agreed to develop a TCAT Webpage with the aim of sharing information to patients, the public and health and social care professionals.

Findings from TCAT Webpage

The webpage was set up prior to the first Health and Wellbeing Event in November and has been showing an increase in usage since then as demonstrated in figures 1 & 2 below:

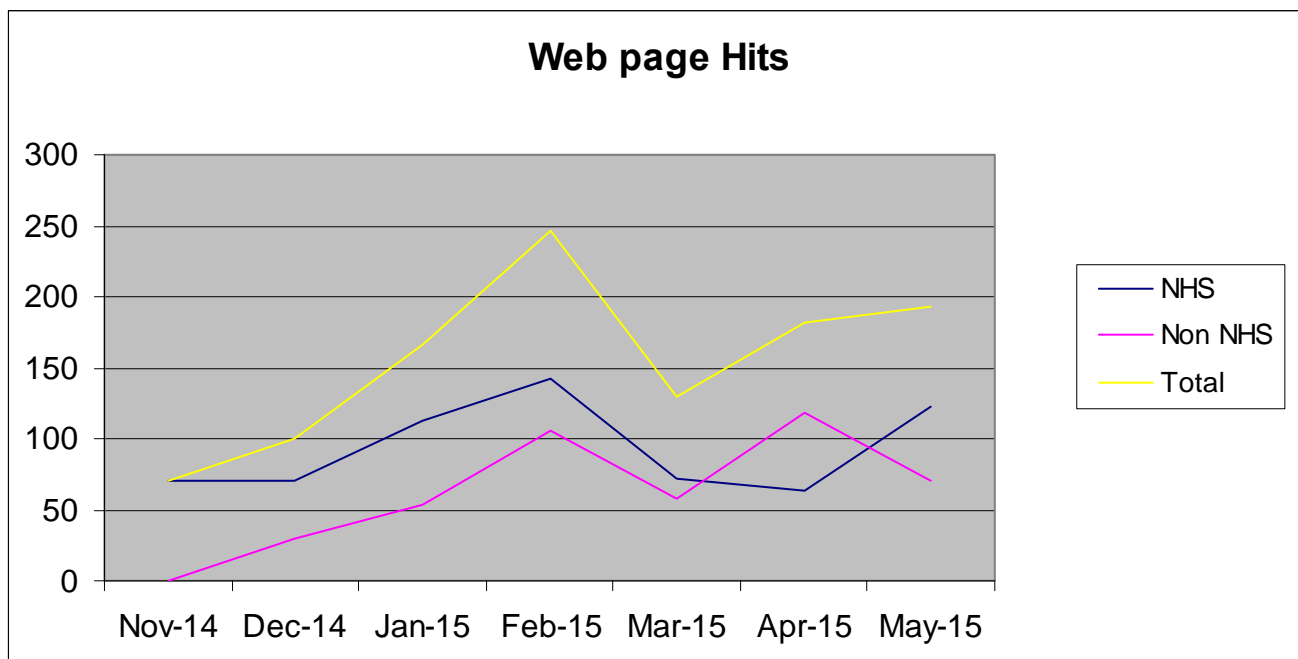


Figure 1

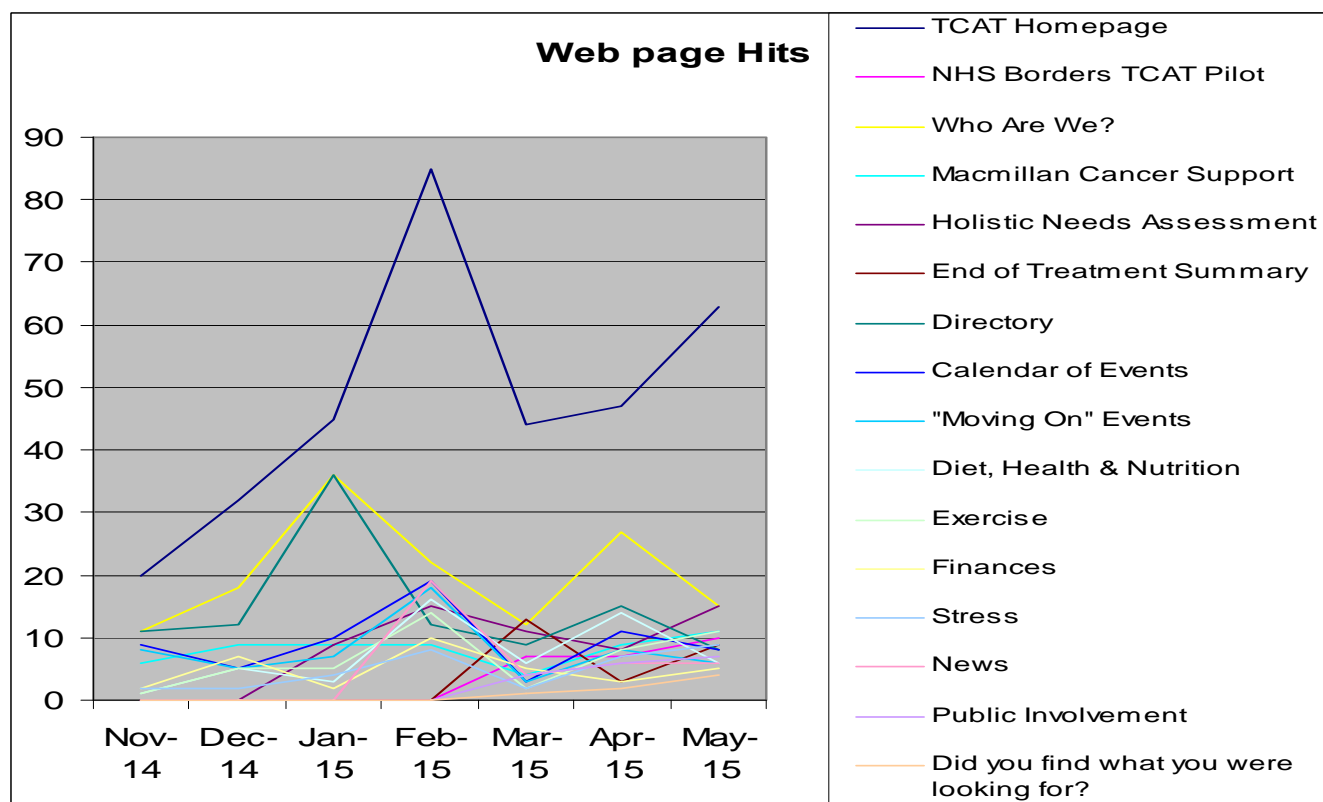


Figure 2

Although our webpage has not been fully evaluated the link was circulated to members of our NHS Borders public involvement network whose feedback has been positive:

"I have tried the website and it is excellent. Both the directory and calendar are easy to access and use, as are the other sections. It is great that you can access the clubs (via the calendar) and you get info on that club or activity. All in all, it gets my thumbs up." – Public member quote January 2015

"I like the clarity of the pages presented – easy to navigate generally." – Public member quote January 2015

One public member suggested adding Clinical Nurse Specialist contact details to the webpage for ease of patient contact. This suggestion was taken on board and the webpage updated accordingly.

Service Directory

Only 12 advertised local health, community or council services were known to the TCAT Team at the launch day. Following information gained from this day it was agreed to develop a TCAT Service Directory which, although not an initial aim of the project, became a key work stream throughout the project. A scoping exercise was undertaken with Scottish Borders Council, NHS Borders, and Voluntary and Independent partners to discover other relevant services in the area.

Once developed, the TCAT Directory was distributed at the Health and Well-being Events, Borders Macmillan Centre, in a local Pop-Up Shop and at face to face meetings with Clinical Nurse Specialists. The electronic copy was launched via the TCAT Webpage. Information on the Directory of Services was published in the TCAT Newsletter as well as NHS Staff Update. A monthly calendar of events is displayed on the TCAT webpage, giving more concise information on days of week, venue and time.

Findings from Service Directory

The Directory was evaluated through questionnaires from the Health and Well-being events, 1:1 interviews with patients and via the NHS Borders Public Involvement Network and NHS Public Reference Group.

13 patients attended a 1:1 interview. 12 patients were asked for feedback as whether they had used the Directory after they had finished treatment. None of the 12 patients had used the Directory. 9 people thought it was a useful tool to have in case they may use it in the future. 2 patients preferred paper copy as they had no access to internet.

16 evaluations were returned following the Health and Well-being Events. 4 patients had not looked at the Directory. In relation to addressing current needs 5 patients reported finding something useful in the directory now with a further 5 reporting that the Directory might help them to address their after treatment issues in the future. Only 1 patient felt it would not be of any help to them.

Views were mixed in relation to electronic versus paper version 12 thought it would be useful to have an electronic copy whereas 7 did not.

5 Clinical Nurse Specialists were asked whether they knew of the Directory and whether they had given them to patients. While 4 were aware of the Directory only 2 had given it to patients yet they had all used it for signposting and felt it was a very useful tool.

The Cancer Information and Support Service (CISS) were using this regularly and also sharing this online tool with other health and social care professionals.

Positive feedback was gained from NHS Borders Public Involvement Network on the ease and layout of the Calendar and electronic copy of the Directory. The Public Reference Group thought it a useful tool.

NHS24, 'Info for Me' service has engaged with NHSB and are exploring ways to include service information from our TCAT Directory in their National Database.

b. Baseline Information/Patient Experience:

To inform the TCAT pilot and content of the Health and Wellbeing Events baseline information of the patient experience following treatment for cancer was explored.

Baseline Questionnaire

People living in the TD9 postcode area, who completed cancer treatment within the previous 2 years, were invited to complete a Questionnaire (appendix 6).

The questionnaire gave each person the opportunity to comment on how they felt support services met their own cancer needs. It was developed in conjunction with patients and staff and subsequently reviewed and approved through NHS Borders Quality and Governance department and the NHS Borders link with the national evaluation team at Napier University Edinburgh.

Findings from Baseline Questionnaire

Questionnaires were sent to 104 people in the TD9 area who had completed cancer treatment within the last 2 years, with a response rate of 43% (n:45).

Figure 3 shows the main contacts for patients following treatment for cancer.

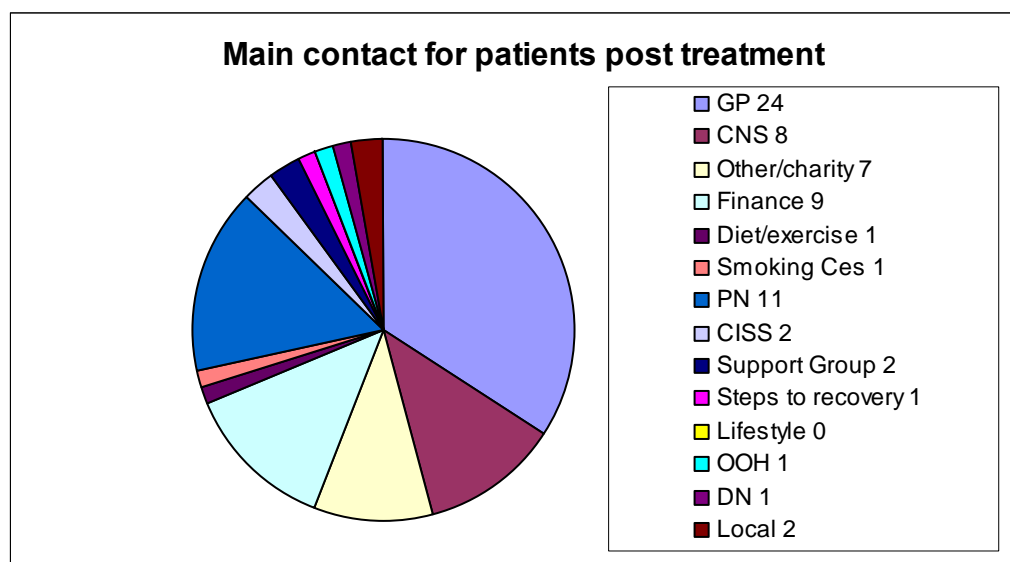


Figure 3

The most commonly accessed service, after cancer treatment was the GP. Of 24 people seeing their GP, only 8 people had physical symptoms.

Practice Nurses (n:11) were the second most common contact for this patient group, followed by Financial Support Services (n:9) and engagement with the Clinical Nurse Specialist (n:8), respectively.

Other support services, such as Charities, Support Groups, Steps to Recovery, Lifestyle Advisors, Diet, Exercise and Smoking Cessation Services were rarely accessed or the service was unknown to the patient group. Most people did not know about existing cancer or community support services. Some people commented that known support groups were not accessible due to location or timing with others suggesting a need for cancer type or age specific support groups.

Additional comments to the questionnaire, relating to specific unmet needs after cancer treatment, suggested people do not know what to expect after cancer treatment whether it be symptoms of cancer recurrence, or how to re-integrate into a healthy and financially stable lifestyle.

There were also many commendations of current services. These were not explored further as it was not part of this project remit.

Focus Group

Patients, from throughout the Borders, who had completed treatment for cancer, were identified by clinical teams and invited to attend a Focus Group to further explore questionnaire findings. They were invited by letter with some being followed up by a telephone call.

Findings from Focus Group

Of 42 NHS Borders patients, invited to the Focus Group, 5 patients and one spouse (12%) attended. Outcomes from the focus group reflected and expanded on baseline questionnaire findings with gaps in support and information given to people after cancer treatment identified. These were particularly around not knowing what to expect or planned follow up. This left patients feeling not listened to or abandoned. One patient expressed *“Not knowing who or where to turn to made getting back into a ‘normal’ life difficult. The whole experience would have been better if could have had support much quicker.”* – quote patient focus group October 2014.

Additionally focus group participants perceived poor communication between health care professionals and their IT systems regarding treatment outcome.

Again, reflecting the questionnaire findings, non-health care services that would have been useful to some patients, were unknown at the time of need; for example, a common theme was that patients did not know to seek help for financial services, employment support, support groups/buddy systems, healthy lifestyle services and other cancer support systems.

Support and information for family, friends and colleagues in dealing with how to treat someone normally after cancer treatment was identified, in particular ‘getting away from being wrapped up in cotton wool’. A lack of local support and direction was identified for the less common cancer groups, Appendix 7 summarises the common themes identified from the pre pilot phase.

In the main, people wanted a consistent service for all patients, to be told what to expect in relation to treatment outcome and planned follow up, to know who to contact and when, and what symptoms to look out for that would signify disease recurrence, progression and/or treatment side effects.

Pilot Phase:

The pilot project phase ran from 1st October 2014 until 31st March 2015. The aim was to test the following via a locality base approach:

- Completion of Holistic Needs Assessment (HNA) at 2 key points in pathway
- Creation of Patient Individual Care Plans based on HNA, which will involve discussions with primary care and other AHPs
- Creation of End of treatment care summary for patient and GP
- Locality based patient education and support networking events at the end of treatment (Health and Wellbeing Events 'Moving on')
- Expanding links with community based resources to promote healthy lifestyle choices

Recruitment of Pilot Group

Systems were set up with specialist teams (local and regional), cancer trackers, and access to existing electronic databases to identify suitable people for the pilot. Those who were deemed eligible by the inclusion criteria were then approached by a member of the project team and invited to participate.

Inclusion Criteria

- Resident within the TD9 area
- Over 16 years of age
- Diagnosed with a new cancer or recurrence of a previous cancer from 1st October 2014 until 31st March 2015
- Diagnosed prior to 1st October 2014 but completed cancer treatment during the 6 month period; 1st October 2014 until 31st March 2015

Exclusion Criteria

- Patients who had impaired cognitive ability and were unable to complete the HNA's or 1:1 interviews
- Any new patient who fitted the above inclusion criteria and were referred to the project team after 30th April 2015

A database was set up to ensure a record was kept of all eligible patients, details of any interventions and reasons for exclusions. This was managed by the project support officer.

Demographics of Pilot Group

The total number of patients identified in the time period was 95. Of these 95, 34 (36%) were excluded for a variety of reasons, as detailed below (figure 4), leaving 61 (64%) people who were eligible for inclusion in the pilot phase.

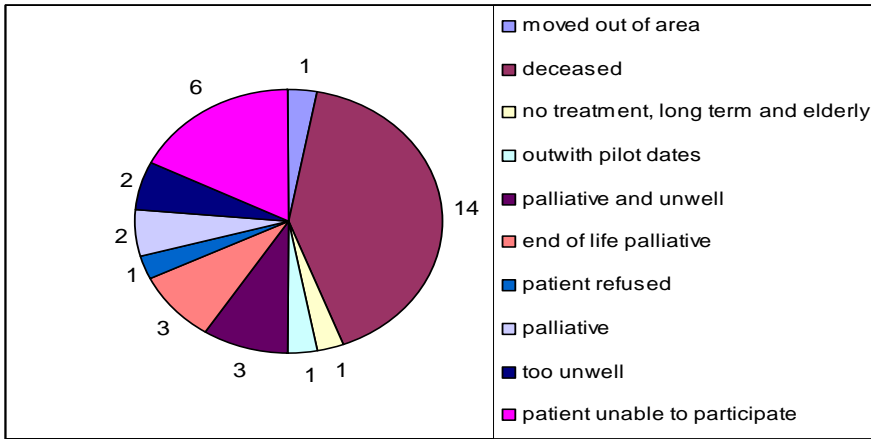


Figure 4

Figures 5 and 6 represent the split by gender and cancer type respectively. 59% of patients were male and 73% of the pilot group were represented by the 4 largest cancer groups of colorectal, breast urology and lung and thus had access to an identified Clinical Nurse Specialist locally.

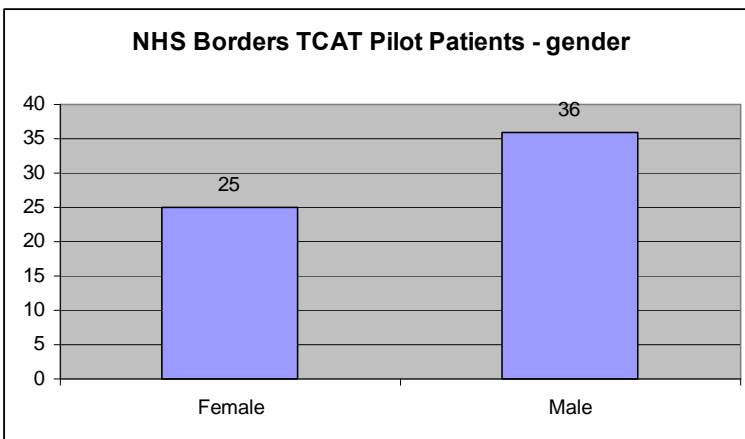


Figure 5

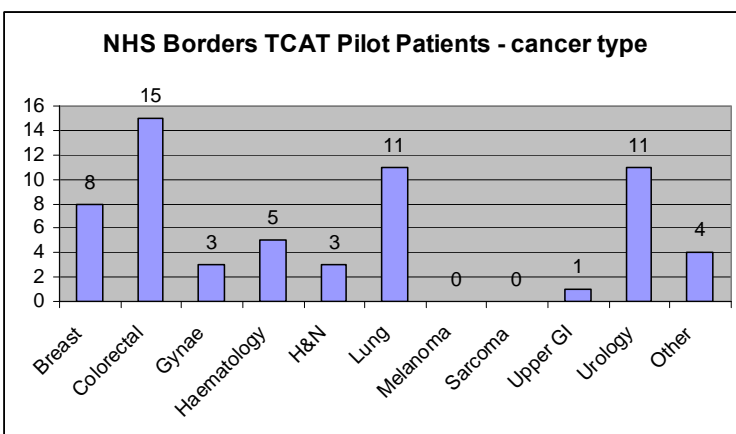


Figure 6

This is reflective of cancer incidence locally as identified in the recent local cancer needs assessment and illustrated in Figure 7. It is also reflective of the project base-line data (2012-2014) for the TD9 area which showed a 59% Male to 41% female split for newly diagnosed cancer.

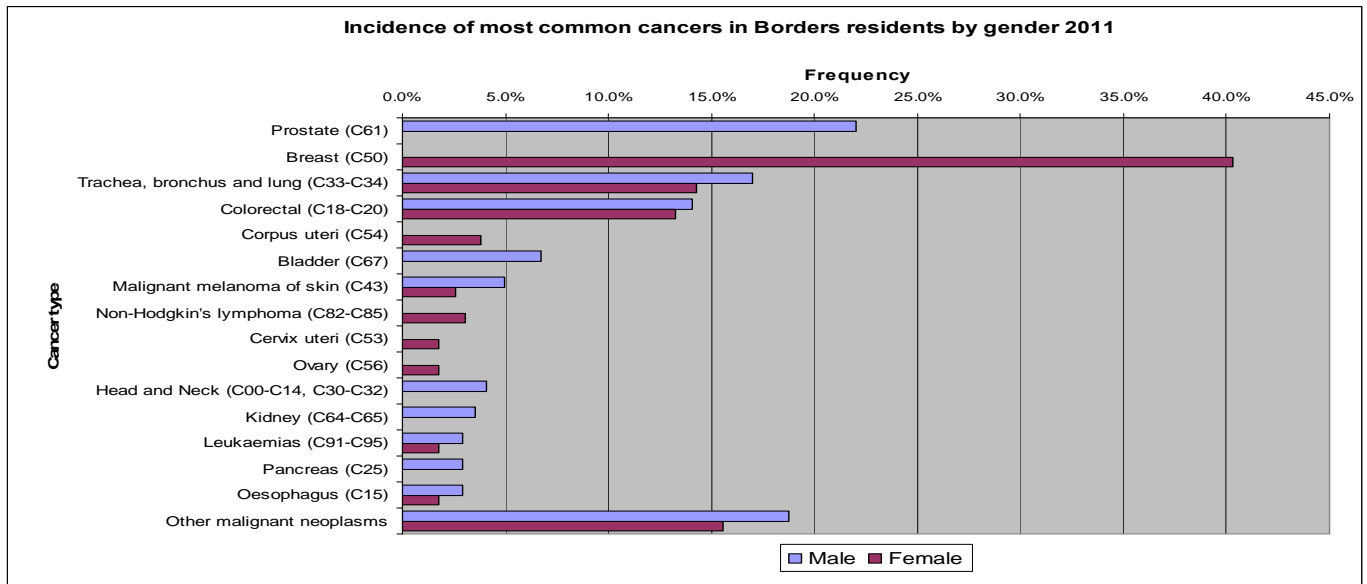


Figure 7 NB: Breast screening Year 2011

Figure 8 gives an indication of the treatment modality received by patients in the pilot group. This ranged from active surveillance to a variety of combined modality treatment plans.

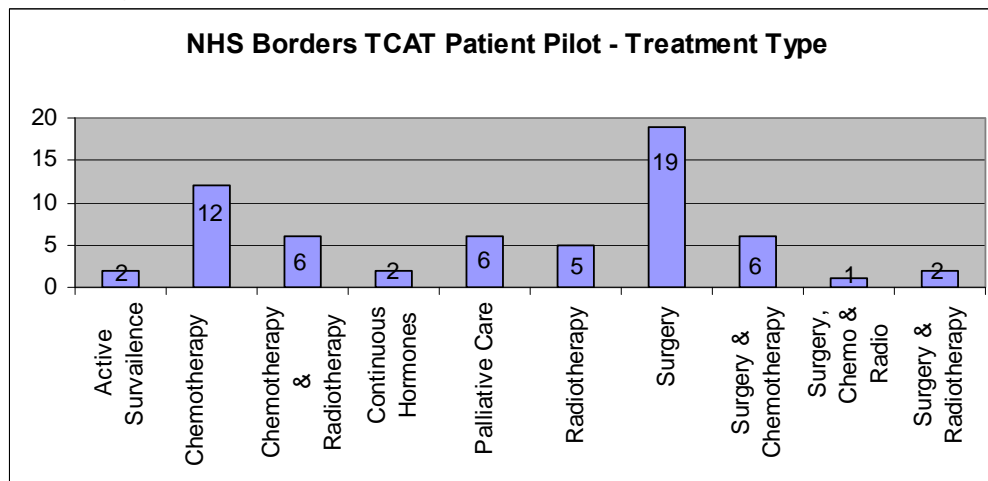


Figure 8

Holistic Needs Assessment (HNA)

To achieve consistency in the evaluation process, the Macmillan Cancer Recovery Package Holistic Needs Assessment (HNA) was implemented at 2 key points in the cancer journey:

- Within 2 weeks of receiving a treatment plan for a new or recurrent cancer diagnosis
- Around 4 weeks after completion of cancer treatment

Clinical Nurse Specialists (CNS) were given training in use of the HNA and asked to use it with their patient group. Patients who did not have an allocated CNS were contacted by a member of the TCAT Project Team or Cancer Information and Support Service (CISS) and were invited to complete an HNA. Completed HNA's and care plans were given to the patient's; with copies sent to the medical notes and the patient's GP.

GPs involved in the Pilot area, were consulted on the use of the HNA Tool within the pilot and supported this.

Findings from HNA

Of 43 patients eligible for completion of the first HNA only 28 (65%) did so in comparison with 80% of patients who were eligible to complete an end of treatment HNA. For those eligible for both HNA's (9) only 5 completed both (55%).

Figure 9 illustrates the numbers of patients eligible for completion of HNA's during the pilot period with the reasons for non completion shown in appendix 8.

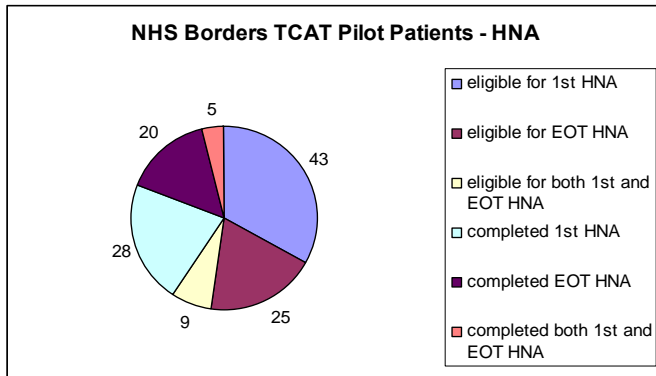


Figure 9

Time taken on each HNA consultation was variable as shown in Figure 10 below, however the majority took no longer than 30 minutes.

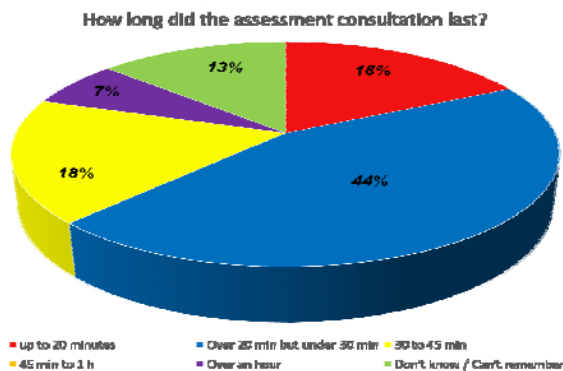


Figure 10

Analysis of HNA data by ENU, demonstrate that 149 concerns were identified on the HNA from 32 patients. One person identified 23 concerns and one identified 33 concerns.

The 6 most frequently identified specific needs/concerns were:

- Tiredness, exhausted, fatigue – 10 people (31% of all TCAT patients)
- Sadness or depression – 8 people (25%)
- Sore/dry mouth – 7 people (22%)
- Breathing difficulties – 6 people (19%)
- Relationships with partner – 6 people (19%)
- Relationships with children 5 people (16%)

28 patients indicated their level of concern overall from 1 to 10, with 1 being low.

- Over two-fifths (43%) indicated their overall level of concern with the lowest 2 choices
- Around a third (35%) chose the mid-range options of 5 or 6
- 8% (2 people) reported their level of concern in the top two categories of 9 or 10

The analysis also highlighted referrals to other agencies as an outcome of HNA, with 7 formal and 36 informal referrals made. This is shown below in Figures 11 and 12.

Was the patient signposted to any other sources of advice/support?

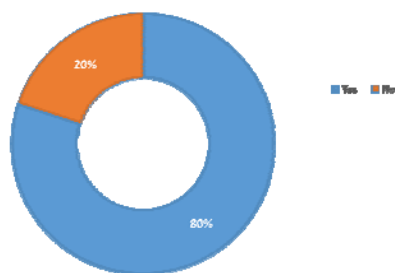


Figure 11

As a result of this HNA was the individual formally referred to the Local Authority for social care assessment?

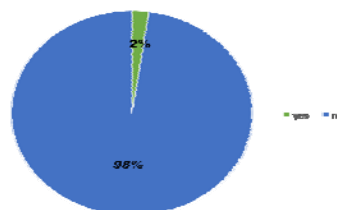


Figure 12

Data was reviewed in relation to whether or not patients had an allocated CNS. With the two outliers (identified above) removed this showed that 65 concerns were identified by 22 people who saw a CNS and 28 by the 8 people who saw another professional, thus on average a similar number of around 3 concerns per patient with no indication of a difference in level of concern identified in relation to the professional they saw.

End of Treatment Summary (EOTS)

An initial aim of the project was to test an EOTS. At the time of project implementation, there was discussion between regional and national groups as to whether an EOTS would be developed nationally; therefore EOTS were not incorporated into the initial stage of the project. However, following a national TCAT event in March 2015 it became clear that a national EOTS would not be developed and must be developed locally.

Challenges to the development of a local EOTS were identified:

- agreement of the content
- the logistics of completing consistently across the various cancer groups, clinicians and hospitals

To overcome these it was decided to pilot an EOTS for patients who had completed chemotherapy treatment at Borders General Hospital.

A template (appendix 9) was developed based on a validated English Treatment Summary Template and following patient feedback and discussions with local GP's, oncologists, haematologists and staff.

Work is ongoing to pre populate the EOTS for specific chemotherapy regimens and to agree a system for completion with relevant staff, this will involve the use of the electronic hospital administration system.

Health and Well Being Events “Moving On”

The aim of the Health and Wellbeing Events was to provide education sessions on the practical and emotional support available for people affected by cancer.

Three Health and Well Being Events, titled ‘Moving On’ took place within the funded project period. Events were held in the local rugby club which was easily accessible and out-with the health care setting.

The content of these events were developed from patient experience feedback, findings in the baseline questionnaires and the focus group. Evaluations completed after each event helped inform the next.

The format of each ‘Moving On’ event included education sessions to help:

- Make lifestyle changes in stress, diet and exercise
- Adjust to living with uncertainty
- Take a fresh look at relationships and lifestyle

In addition Stakeholders identified through the TCAT launch day hosted Market stalls displaying information, aiming to create a ‘one stop information shop’.

Market stalls included

- Border Sport and Leisure
- Welfare Benefits Team
- Employment Advice
- Lavender Touch complimentary therapy service
- Stressbusters team
- Health improvement team
- Library services
- Red Cross
- Borders Carers Centre
- Local church organisations
- Lifestyle advisory service

Once treatment was completed patients were invited to attend either by their CNS or via CISS or sent a flyer with a letter of invitation. Flyers detailing the events were also sent to GP surgeries and were displayed in the Borders Macmillan Centre.

Findings from Health and Wellbeing Events

a. Attendees

A total of 31 attendees participated in the Health and Wellbeing Events. 24 were patients and 7 were carers/families/volunteers.

Evaluation forms (appendix 10) were completed by 16 (52%). Overall feedback from people who attended was positive:

- 88% said the event had provided them with new information to help move on after cancer treatment
- 93% said it helped them who to identify in their community to meet their needs
- 93% said it helped them regain control over their well being

- 93% said it helped them understand health care follow up and also improved their confidence after cancer treatment

Patients also commented the event was useful for dealing with anxiety, understanding you are not alone, talking to others and being aware of symptoms to look out for.

Common themes arising from discussion with attendees at the health and well being events were:

- Patients are unclear of support available after treatment
- Patients are unclear of follow-up procedure.
- 'Moving On' event valuable for sharing experiences in a positive environment

As one of the aims of this project was to enhance patients' health and wellbeing by providing integrated support which is relevant to individual needs and promotes independence and healthy lifestyles It was felt important by the Project team that going forward the Health and Wellbeing event should be introduced at the start of the patients pathway. Thus making this an integral part of the pathway and not an add on at the end of treatment

b. Market Stalls

Feedback via the market stall evaluations (appendix 11) and informal discussions with stakeholders was positive and highlighted opportunities for partnership working.

7 market stall holders at each event completed an evaluation Overall feedback was positive:

- 100% felt the event had given them the opportunity to discuss their services with attendees
- 100% felt it gave them the opportunity to identify new opportunities with fellow market stall holders
- 95% felt it gave them the opportunity to identify new opportunities with attendees
- 95% felt it gave them the opportunity to identify new opportunities with health care professionals

Some general comments which evidence the potential for integrated working achieved by these Health and Wellbeing Events were:

- This was a valuable opportunity to promote my service and network with market stall holders
- Really good to speak to organiser and other stallholders, potential partnership working identified
- It's always good to get up to date information and meet others from other organisations

Patient Semi Structured Interviews

Patients who had completed at least one HNA and been given the opportunity to attend a Health and Wellbeing Event within the 6 month pilot period, were invited by letter to attend a semi structured 1:1 interview with a member of the Project Team. 24 people met these criteria with 13 attending for interview (54%).

Reasons for non-attendance were: Patients did not feel they had the need to attend as they were doing well with no issues (n=4), not want to participate in the project (n=5), not well enough to attend (n=1) and unable to find a suitable date (n=1).

Of the 13 patients who participated in the interviews 7 were male, 4 having had treatment for urology cancer, 2 having had treatment for lung cancer and 1 having had treatment for a haematology malignancy; and 6 were female, 3 having had treatment for breast cancer, 1 having had treatment for lung cancer, 1 having had treatment for lymphoma and 1 having had treatment for bowel cancer.

Findings from semi structured patient interviews

Main contact

For this group of patients the most commonly accessed professional was the Clinical Nurse Specialist (n: 8) with the second most commonly accessed service being the GP (n: 5).

Access to non-health care services

8 out of the 13 patients interviewed attended the Health and Wellbeing Event. Of those 8 patients all reported accessing at least one non-health care service with 5 different services in total being accessed; lavender touch, library, local walking, relaxation and welfare benefits.

Patient Experience

Patients identified lack of information around treatment outcomes, short and long term side effects, what to look out for cancer recurrence and expected follow up.

However, in contrast to pre-pilot data, patient comments focused on achieving a healthy and/or 'normal' lifestyle; such as seeking information about a healthy diet and fitness.

HNA

12 out of the 13 patients completed an HNA at least once but at the time of interview few remembered having completed these.

Of those 12 the top concerns reported were physical, with breathing difficulties, fatigue, appetite issues and concentration issues being of most concern. Although over 50 concerns were raised on these HNA's the average concern rate was 5 with patients confirming they felt their concerns were being appropriately addressed.

Many patients reported issues/concerns at the 1:1 interviews that needed further discussion or investigation, which had not been highlighted through the HNA. This demonstrates the importance of timing of assessments post treatment.

Staff Semi Structured Interviews

5 Clinical nurse specialists participated in a semi structured interview to gain their views on the project and their overall understanding of TCAT pre and post project.

Findings from Staff Semi Structured Interviews

All 5 acknowledged that prior to the project their understanding of the concept of TCAT was limited with all reporting increased knowledge and awareness since the project.

The main themes to arise from the interviews were that the project had

- Increased knowledge and awareness
- Promoted a rehabilitative approach to care
- Promoted a health and social care approach rather than just health
- Increased awareness and signposting to community based services
- Led to consideration of how HNAs could be incorporated into everyday use e.g. formalising end of treatment reviews
- Led to use of HNA with patients out with the pilot group

Although views were generally positive it was noted that more teaching could have been done in relation to use of the HNAs which some staff found daunting. Other challenges related to completion of HNAs were

- Time to do it in amongst other jobs
- Timings of HNA particularly the first one which felt out of place
- Felt mechanical and tick box exercise

Discussion/Summary

In order for the pilot project to be tested it was necessary to obtain a baseline of information.

Baseline information

The information was gathered through the questionnaires and a patient focus group. These identified gaps relating to care after treatment particularly; what to expect, what to look out for and who to contact, as well as a lack of knowledge about community based or charitable services. These findings mirror those found around cancer survivorship and support the need for a care after treatment programme locally.

The most common patient contact following completion of treatment were GP and practice nurses. Feedback from GPs indicated that the communication they receive from cancer services is lacking in information for them to support patients on completion of treatment. While there is known to be a Macmillan Course available for practice nurses there are only 2 who have completed this in the region. This could suggest a need for education with this group to enable them to support and manage patients post treatment.

The baseline information was also used to shape the Health and Wellbeing Events and inform the End of Treatment Summary ensuring the patient voice was heard and embedded throughout the project.

TCAT Launch Day

Integration is a key factor in both the national TCAT programme and this local project. However, this project identified a lack of knowledge within the specialist cancer team and services of available community based health, social care and third sector services which may hinder referral to these services and be a barrier towards integration.

All those who attended the launch day felt it was successful for a variety of reasons and has gone some way to addressing the lack of knowledge of other services available, not only within cancer services but also other community, social care and third sector teams. Relationships developed at the launch day and fostered throughout the project demonstrate the benefits of an integrated approach to care illustrated by the success of the health and well being events, the development of the directory and the webpage.

There were also challenges to integration identified at this point, namely relating to the inability of health and IT systems to interface. This was particularly relevant to the directory development and was a source of frustration for all.

HNA

There was a significant amount of discussion both amongst the project team and the Clinical Nurse specialists locally as to the best time for completing the first HNA. It was agreed that this would be offered to patients within 2 weeks of the treatment plan decision. Our figures indicate that of 43 patients eligible for completion of the first HNA only 28 (65%) did so in comparison with 80% of patients who were eligible to complete an end of treatment HNA. For those eligible for both HNA's (9) only 5 completed both (55%).

It is difficult to make assumptions around these results as the numbers were small and the time period limited however it was felt that the first HNA did not always feel "right and natural" and was seen by some staff as a bit mechanical and more of a tick box exercise. Although the majority of HNA's took less than 30 minutes to complete staff felt they were time consuming, this could perhaps be because they were viewing them as an additional component of care during the project rather than using them as part of their established assessment process.

Despite staff reservations overall they felt they were useful and gave them a focus during patient consultations which covered everything. They also identified ways in which they could be used out with the identified times in the project. This may suggest we should not be prescriptive about when HNAs should be used but instead encourage staff to incorporate them into their everyday practice as part of a “toolbox” approach to care.

The HNAs also acted as a catalyst to referral and signposting on to other agencies both NHS, non NHS and third sector and although it could be argued that this may have happened anyway baseline patient information suggests this was not happening.

Completion of the HNA in other reported projects appear heavily reliant on the CNS. In this project 73% of patients had a CNS however the project team and the Cancer Information and Support service picked up the other referrals. This may be why there appears to be no difference in concerns identified between CNS groups and non CNS groups in this project.

However a lack of a CNS for each cancer site poses a challenge going forward not only in relation to maintaining systems for identifying patients but also in relation to completion of HNA's. Patients told us they want consistency and equity for all patient groups therefore this will be a key area for us to focus on. Whilst it would be ideal to have a CNS for every cancer site this is unrealistic in the current climate of austerity and creative ways of working will require to be considered to meet this challenge. The project team hope to keep and expand on existing links that they envisage would aid this vacuum of services.

Health and Wellbeing Events

During the life of the project three Health and Wellbeing Events were held. They were open to patients out with the TD9 area as they were being evaluated separately and numbers at the first event were small. Given that we are a small health board and numbers are generally low, the fact that participants did travel to attend the events suggests that if a series of events were to be held throughout the region they may be successful.

Overall the Health and Wellbeing Events were positively evaluated by participants. Evaluations and the semi structured interviews both provide evidence of participants accessing support services as a result of attendance at a Health and Wellbeing Event. The evaluations clearly show that they have helped patients to move on after cancer treatment and regain control over their well being, identify who, in their community, can meet their needs and understand health care follow up as well as improving their confidence after cancer treatment.

The benefits to market stall holders and the specialist cancer team have already been mentioned in relation to integrated working.

End of Treatment Summaries

The strongest theme throughout all aspects of the project evaluation was the need for information on completion of treatment. The common themes were:

- what to expect,
- who to contact and when
- management of side effects (long and short term)
- Information on self management

Poor communication between health care departments was also reported; delays with formal letters between services, GPs not knowing, or trying to find out information from the consultant, if they had not yet received a letter.

Although the aim of the project was to test an EOTS as identified earlier there were several challenges around this. Nevertheless patients and GPs have told us that this is a fundamental need if patients are to be supported on completion of treatment, it is also a fundamental component of practice if risk stratified follow up is to be introduced successfully therefore it will form part of the key recommendations of this project.

Challenges/Limitations

As previously identified small numbers make it difficult to draw conclusions never the less all of the outcomes identified in this project are supportive of previous work carried out by the NCIS in relation to the recovery package.

It had initially been anticipated that this would be a two year project giving time for full evaluation and roll out of successful interventions throughout the region. However due to factors out with the project teams control the project has had to be completed in a year which has limited the evaluation particularly in relation to the usefulness of the interventions for patients several months after completion of treatment.

Conclusion

The overall aim of this project was to enhance patients' health and wellbeing by providing integrated support which is relevant to individual needs and promotes independence and healthy lifestyles: and supports possible future changes to risk stratified follow-up.

Over a 12 month period, the project aimed to test the following package of measures via a locality base approach:

- Completion of Holistic Needs Assessment (HNA) consistently at key points in pathway
- Creation of Patient Individual Care Plans based on HNA, which will involve discussions with primary care and other AHPs
- Creation of End of treatment care summary for patient and GP
- Locality based patient education and support networking events at the end of treatment ("Moving on" Health and Wellbeing Events)
- Creation of links with community based resources to promote healthy lifestyle choices

Despite the challenges and limitation of time and small numbers, with exception of the end of treatment summary, all the above objectives have been met and evaluated positively.

As we move forward towards health and social care integration and risk stratified follow up it is imperative that patients are given the strategies and resources to manage self supported care. The HNAs have been shown to identify patient need and support referral on to other agencies while the Health and Well Being Events clearly demonstrate that they are key to providing the patient with strategies, information, support and confidence to self manage and integrate back into life after cancer.

Perhaps a key note to make is that the CNS's in cancer, for whom many patients rely on for support and information, have now an increased knowledge and awareness of patient need on completion of treatment as well as the array of support services available due to the project. As one said it promotes a "rehabilitation approach" to care.

The challenge going forward is to maintain the links with community based resources and embed the HNAs and Health and Well Being Events into business as usual for all patients in the Scottish Borders Region.

Recommendations

Based on the outcomes of the project the following recommendations have been made and will be considered within the context of the overall cancer work plan going forward

- Introduce the "recovery package" as part of the standard treatment package
- Develop and test an end of treatment summary for patients completing chemotherapy
- Develop a borders wide service directory
- Maintain and develop community links across the region
- Review systems of work to support patients without a CNS locally.
- Market local cancer services locally and regionally
- Share TCAT outcomes with Public Members, Patients and those involved in the pilot
- Consideration of a phase 3 bid dependent on the progress and outcomes of these recommendations

Acknowledgements

We would like to thank all of the patients and carers who shared their experiences and participated in this piece of work.

In addition thanks go to Macmillan Cancer Support and SCAN TCAT programme board.

All staff locally and regionally who supported the project and adapted systems of work Edinburgh Napier University for analysis of the HNA data.

Appendix 1 – Project Structure

Project Lead(s)

Judith Smith - Nurse Consultant Cancer/Palliative Care

The Project Lead(s) is responsible for ensuring that the desired project objectives are delivered and will act as a single focal point of contact with the Project Team for the day-to-day management of the project. The Project Lead(s) will provide the interface between project ownership and delivery.

The Project Lead(s) will:

- Chair the Project Board
- Ensure that the project is focused on the desired project outcomes and that these are fit-for-purpose
- Direct implementation efforts in a manner that supports NHS Borders Corporate Objectives
- Direct implementation efforts in a manner that supports Macmillan Cancer Care core aims and objectives
- Ensure the project progresses in accordance with the agreed PID.
- Communicates with organisational management and reports on project progress and any problems that need upward referral
- Provide advice and support to the Project Team

Project Team

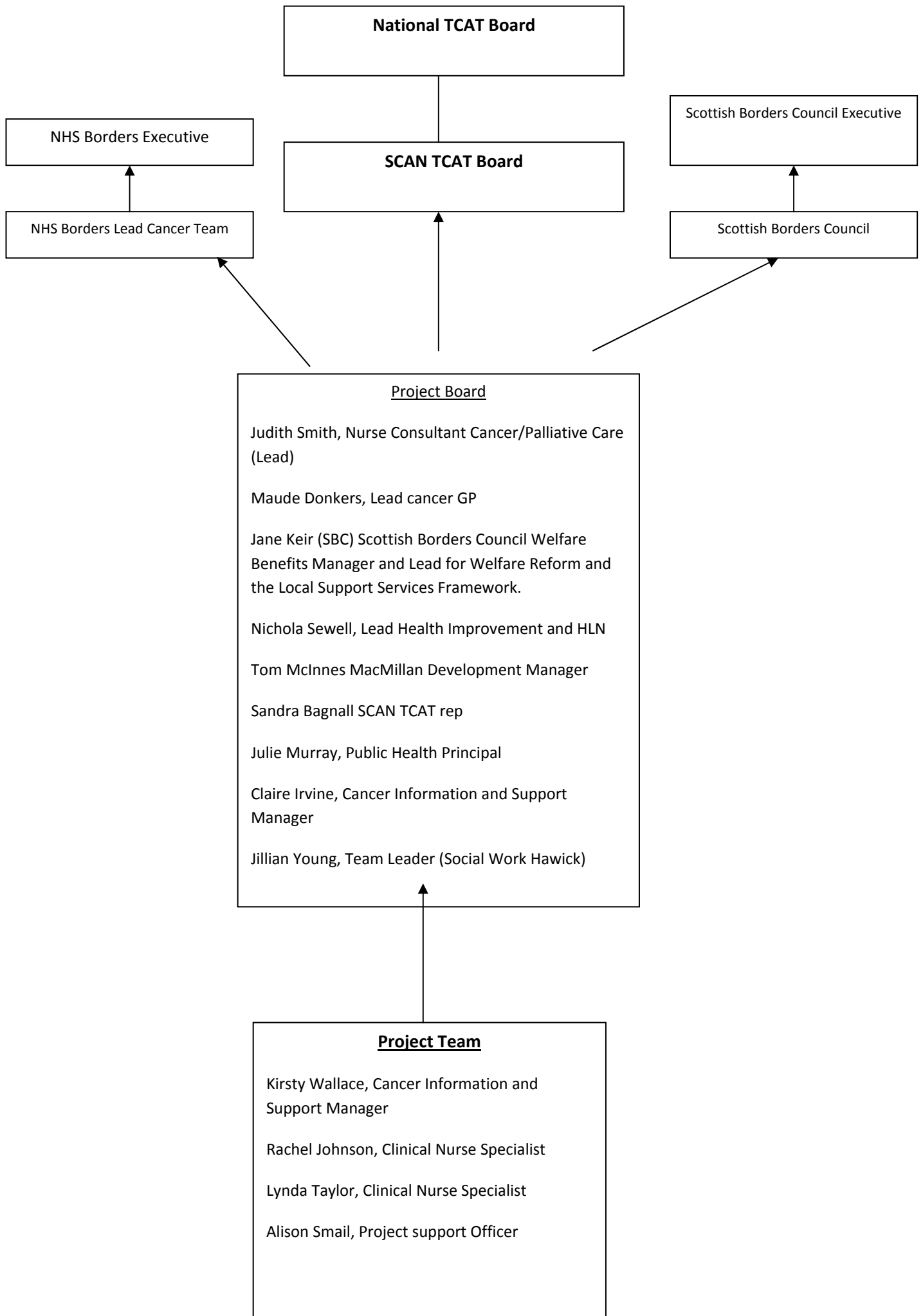
The Project Team is accountable to the Project Board, and will operate within agreed reporting structures. They are responsible for:

- Designing and applying an appropriate project management framework for the project (using relevant project standards), incorporating the project review process if required.
- Managing the production of the required deliverables.
- Planning and monitoring the project- both within NHS Borders and Macmillan
- Adopting any delegation within agreed reporting structures.
- Preparing and maintaining the Project Plan throughout the life of the project.
- Manage project risks and issues, including the development of contingency plans.
- Liaison with any other related projects, to ensure that work is neither overlooked nor duplicated.
- Overall progress and use of resources, initiating corrective action where necessary.
- Implement change control procedures as changes in the project arise.
- Reporting through agreed reporting lines on project progress through Highlight Reports and key stages.
- Identifying and obtaining any support and advice required for the management, planning and control of the project.
- Managing project administration.
- Conducting end project evaluation, to assess how well the project was managed and preparing an end-project report.
- Preparing a Lessons Learned report.
- Preparing any follow-on action recommendations, as required.

The Project Board

The Project Board will act as the forum where representatives come together to make decisions on the project. The Project Board will provide overall direction, guidance and advice to a project. This means that they:

- Are accountable for the success of the project
- Have responsibility and authority for the project within the remit that they have been given
- Are responsible for dissemination of information about the project
- Are responsible for making sure that the project remains on course to deliver its final outcome



Appendix 2 - User Involvement

Date	Date	Description / Comments
Patient Story	August 2014	Digital story made especially for TCAT, giving public / patient a voice throughout pilot.
TCAT Away Day	19.08.2014	Stakeholder event at Hawick rugby club, involving 34 stakeholders including TCAT team members and patient / public representatives
Baseline Questionnaire	October 2014	Sent to patients who have completed cancer treatment in the last 2 years to form baseline for project evaluation.
Patient Focus Group	28.10.2014	5 patients who had completed cancer treatment within the last 2 years and 1 carer. Opportunity to find out about TCAT plans and suggest changes / additions / feedback on ideas etc. Group were also asked about what would have been helpful at a health and well being event.
"Moving On" Participant Evaluation	12.11.2014	Every participant completed evaluation – opportunity for patient / public feedback which would be used to inform the next event.
"Moving On" Market Stall Evaluation	12.11.2014	Every market stall holder completed evaluation – opportunity for stakeholder / public feedback which would be used to inform the next event.
Public Reference Group	19.01.2015	<p>Project Team member presented to NHS Border Public Reference Group members. Opportunity for questions / feedback.</p> <ul style="list-style-type: none"> • One member had attended the away day at the start of the project and was interested in getting a copy of the gathered feedback. • A few members sat on other committees and had heard about TCAT through them so found this a useful update. • The group had general questions about inclusion: palliative care patients, deaf patients, patients with no access. • General feedback on the day was they thought it was a very sensible and worthwhile project and would value and update once phase 1 was evaluated and looking towards rolling out. • General comment about great for cancer but what about other long term conditions. This could be a model that could work for any condition and may be something that happens in the future.
Directory	27.01.2015	Circulated to all members of NHS Borders Public Reference Group for feedback and comment
Webpage	27.01.2015	Web page link circulated to all members of NHS Borders Public Reference Group for feedback and comment. As result of feedback from this added a page re public involvement onto site and also a page where people can contact us to ask questions, give feedback or advice.
"Moving On"	11.02.2015	Planned for member of the Cancer Experience Panel to attend and given the opportunity to ask questions and give feedback unfortunately member unwell so hopefully can attend a future event
"Moving On" Participant Evaluation	11.02.2015	Every participant completed evaluation – opportunity for patient / public feedback which would be used to inform the next event.

"Moving On" Market Stall Evaluation	11.02.2015	Every market stall holder completed evaluation – opportunity for stakeholder / public feedback which would be used to inform the next event.
Staff Update	March / April 2015	TCAT information included in Staff Update to raise awareness
Member from Cancer Experience Panel visited NHS Borders	17.03.15	To discuss ways we are involving public in our project – agreed we are involving in lots of ways but could maybe improve on the follow up aspect.
1:1 Patient Interviews	<ul style="list-style-type: none"> • 3 completed on 24.02.15 • 2 completed on 03.03.15 • 1 completed on 07.04.15 • 1 completed on 21.07.15 • 2 completed on 04.08.15 • 4 completed on 18.08.15 	Each patient who has finished treatment offered a chance to attend a 1:1 interview which gives opportunity to further identify and address and patient concerns / needs and to feedback re TCAT pilot. This feedback used to inform remainder of pilot.
Newsletter	Monthly, 1 st edition February 2015	Monthly circulation includes: Public Reference Group Members
Pop up shop	25.03.2015 22.04.2015 27.05.2015	TCAT presence at HLN pop up shop in Hawick, leaflets, newsletters, directory all available for members of the public and project team member available to talk to.
"Moving On" Participant Evaluation	13.05.2015	Every participant completed evaluation – opportunity for patient / public feedback which will be used to inform future events.
"Moving On" Market Stall Evaluation	13.05.2015	Every market stall holder completed evaluation – opportunity for stakeholder / public feedback which will be used to inform future events.

Appendix 3 – Launch Day Stakeholders

	Away Day Invited Stakeholder Groups	Stakeholder Group Attended	Number of Attendees		Away Day Invited Stakeholder Groups	Stakeholder Group Attended	Number of Attendees		Away Day Invited Stakeholder Groups	Stakeholder Group Attended	Number of Attendees
1	BMC	√	7	16	LASS	√	1	29	Prostate Cancer UK	√	1
2	Bowel Cancer UK		0	17	lead for Self Directed Support	√	1	30	Public Health	√	2
3	Breast Cancer Care	√	1	18	Macmillan	√	1	31	Public Rep	√	1
4	BSLT	√	1	19	Macmillan Welfare Benefits	√	1	32	Rehabilitation Worker for Low	√	2
5	CAB	√	1	20	Napier	√	1	33	Roy Castle	√	1
6	Community Capacity Building Coordinator for	√	1					35	SBC Social Work	√	2
7	Community Learning	√	1					36	SCAN	√	
8	Community Nurse Manager	√	1	21	NHSB ADON	√	1	37	Volunteer Centre Borders	√	1
9	District Nurse	√	1	22	NHSB Cancer Lead	√	1			35	43
10	Doing Well	√	1	23	Palliative Care		0				
11	Employment Support Services	√	1	24	Patient Rep	√	1				
12	GP	√	1	25	Pharmacy	√	1				
13	Health Improvement Specialist Healthy Living	√	1	26	Planning Manager SBC	√	1				
14	HLN	√	1	27	Practice Manager	√	1				
15	Homelessness Services Manager	√	1	28	Practice Nurses	√	1				

Appendix 4 - Directory

Directory of Services

TEVIOT AREA

Now you have finished your treatment there is no need to feel alone; there is lots happening in your area.



More information about groups and services available can be found on our website <http://www.nhsborders.scot.nhs.uk/>

Organisation	Phone Number	Email / Website	Service / Activities
Almond Tree Cafe	01450 373445	Facebook page: The Almond Tree	Placements for people who have lost a bit of their confidence.
Amateur Boxing Scotland (Hawick)	01450 379289		To provide the environment for the safe practise of Boxing.
ARK Community Networks	01450 379546		Housing support and Community House (Social Care)
Artbeat Studios	01450 379547	artbeatstudios@hotmail.com	Local Community Arts Initiative offering range of art sessions from photography to watercolours. Working to make art accessible to all.
Bedrule Village Hall	01450 378992		We play lawn green bowls. It can help to rehabilitate people who have had strokes which a few of our members have had. It can be used as a social activity to enable people on their own to join in and have company. It also is a competitive sport for those who wish to compete against others and encourages people to work as part of a team and be an individual. Lawn Green Bowls during the Summer months and Carpet Bowls during the Winter months.
Borderline Helpline	0800 0274466		A free phone helpline for adults in the Scottish Borders who are experiencing emotional distress. 7-10pm every evening
Border Therapies		www.bordertherapies.co.uk	This website is designed to be the simplest and most informative way to find out about complementary therapies and qualified complementary healthcare practitioners in the Scottish Borders.
Borders Exploration Group	01450 376996	http://www.borders-exploration-group.org.uk/	Organises expeditions for 16-25 year olds
Borders Independent Advocacy Service	01896 752200	info@bordersadvocacy.org.uk www.bordersadvocacy.org.uk	Putting you in control by giving you a lot more say about the type of support you get
Borders Sport and Leisure Trust	01896 661166	enquiries@bslt.org.uk www.bslt.org.uk	Sporting opportunities across the Scottish Borders for all ages and abilities
Breast Cancer Care	0141 353 8330	Angela.Harris@breastcancercare.org.uk	
Breathing Space	0800 838597	www.breathingspacescotland.co.uk	A free, confidential phone and web based service for any individual who is experiencing low mood or depression. A BSL (British Sign Language) service is also available via the website
British Red Cross	01896 751888	http://www.redcross.org.uk/	Supporting transport needs of patients within the Scottish Borders.

Buccleuch Bowling Club	01450 378992		We play lawn green bowls. It can help to rehabilitate people who have had strokes which a few of our members have had. It can be used as a social activity to enable people on their own to join in and have company. It also is a competitive sport for those who wish to compete against others and encourages people to work as part of a team and be an individual. Lawn Green Bowls during the Summer months and Carpet Bowls during the Winter months.
Buddhist Meditation Classes	0131 6221956		Classes to teach specific Buddhist methods for developing inner peace and solving our human problems. Although these teachings are Buddhist in nature, they are completely accessible to everyone regardless of background or belief
Burnfoot Community Centre	01450 375147		Burnfoot Community Centre in Hawick is a local community centre holding a range of community events and activities at various times throughout the year
Burnfoot Community Health Project	01450 375147	barbara.jessop@borders.scot.nhs.uk	Various health and fitness activities, e.g., aromatherapy, healthy eating, drop in lunch, taster groups
Cancer Information and Support Services (CISS)	01896 826835		Providing information, advice and support for cancer patients within the Scottish Borders.
Carers Centre	01896 752431	http://www.borderscarerscentre.co.uk/	The Borders Carers Centre provides FREE independent help & support to unpaid family carers (aged 18+) of people with all types of illness and disability throughout the Scottish Borders
Citizens Advice Bureau	01450 374266	http://www.cas.org.uk/bureaux/roxburgh-and-berwickshire-citizens-advice-bureau	Citizens Advice Scotland, our 61 member bureau and our consumer helpline together form Scotland's largest independent advice network. We help more than 300,000 people solve their problems each year in communities everywhere from city centres to the Highlands and Islands and we look at the problems people bring to our advice services and campaign for change where it's needed most. We work for a fairer Scotland where people are empowered and their rights respected.
Cogsmill Hall	01450 372921		To promote the benefit of the inhabitants of the Slitrig Valley, Hawick & its environs without distinction of sex or political, religious or other options by associating the local statutory authorities, voluntary organisations & inhabitants in a common effort to advance education and to provide, or assist in the provision of facilities in the interest of local welfare for recreation and other leisure time occupation so that conditions of life may be improved. To maintain and manage the building and adjoining grassed area, known as Cogsmill Hall as a public hall for activities promoted by the committee. Various activities, including fundraising.
Colimar Dance Co	07846227399	colimardance@aol.com	Teaching social ballroom, LeRoc Jive and Line dancing

Deanfield Day Centre	01450 370366		Deanfield Day Centre offers activities and interest groups for people who would otherwise be isolated due to disability or old age. For information about availability of places, please phone Social Work Services.
Deanfield Residential Care Home	01450 373072		Care home for older people
Doing Well	01896 668831		Our service offers a session with a friendly, supportive individual who has the tools to point patients in the right direction and the time to sit and listen to their individual needs.
Drumlanrig Out of School Club	01450 379722		Breakfast Club
Drumlanrig Scottish Country Dance Class	01450 373940		To promote Scottish Country Dancing for social enjoyment.
English Classes	01450 373940		
Escape Youth Cafe	01450 378001		Escape provides a safe and fun environment for young people in the Hawick and surrounding area to attend. The project promotes participation and decision making through involving young people in all aspects of the project. Enhancement of personal development and learning through various activities, projects and listening/valuing young peoples' choices and ideas.
Evergreen Carpet Bowlers Club Hawick	01450 376811		To provide the opportunity for Pensioners to meet actively by playing Carpet Bowls.
Face 2 Face Borders	01896 668811	admin@face2faceborders.com www.face2faceborders.com	Providing 1:1 support, advice and education on alcohol, drugs and volatile substance abuse for young people between 11 and 18 years of age across the Scottish Borders
Fellowship Club (Indoor Bowls)	01450 375147		
FitBorders	07770540427	karen@fitborders.co.uk / http://www.fitborders.co.uk	Various exercise and dance classes
Forman Memorial Hall	01450 880222		The upkeep of the hall and to try to gather a rather scattered Community together. Our other important function is to generate enough money for the insurance & upkeep of the Hall so that future generations may enjoy these facilities Activities include: Carpet Bowls; SWRI meetings; Dancing classes; Art Classes; Parties; Weddings.
Friends of Hawick Library	01450 372637	libhawick@scotborders.gov.uk / http://www.scotborders.gov.uk/libraries/content/hawick.html	To promote the Library and to help preserve the Heritage of Hawick
Getting You There	0845 521 1670		A service providing affordable transport for older people 65+ living in the Scottish Borders who are unable to use public transport to attend Health and Social Care appointments. Fully accessible vehicles. To arrange call between 9am-5pm, Monday to Friday
Hawick & District Probus Club	01450 373259		To meet regularly for talks, discussions and fellowship. Activities include - Organise Speakers; Special interest topics; Social events; Meeting held at Weensland Function Suite

Hawick & District Railway Society	01450 374363		To promote and retain an active interest in model railways and other matters solely pertaining to railways. Building, modelling & operating model railways & running a model railway exhibition. Maintain a library including videos. Exchanging information, photography & videoing railway activities. Visits to railway installations. Have railway memorabilia.
Hawick 50+ Group	01450 379809		To bring people together, give them an interest and keep them fit. Activities include - Badminton; Short tennis; Bridge; drop-in; Walks; Keep-fit; Social events; scrabble
Hawick Archaeological Society	01450 376220		To foster interest in the history of Hawick and commemorate for posterity the achievements of its people and to support the Hawick Museum. A series of Lectures (Sept-March) covering many aspects of local and historical interest. An evening excursion during summer to visit buildings of notable interest. Publication of Annual proceedings.
Hawick Art Club	01450 218519		To encourage interest in the arts and to enable those who wish to practice painting and drawing. Monthly meetings with a speaker, demonstrator, video etc., Weekly painting group, Twice yearly outings to exhibitions or other places with artistic connections, Annual Exhibition in Scott Gallery, Wilton Lodge, Hawick The club is open to anyone who is interested in art.
Hawick Baptist Church	01450 372561	Jenni-andrew@hotmail.co.uk http://www.hawickbaptist.org.uk/	Church is not a building. Church does not just happen on Sunday mornings. Church is people. We are simply a community of people from Hawick Baptist Church running a host of community activities.
Hawick Bowling Club	01450 375228		To promote lawn bowling, with a social aspect in a friendly environment. Activities include: Open Days, competitions (club & open), host of national & regional competitions and social evenings
Hawick Camera Club	01450 374168	info@hawickcameraclub.co.uk / http://www.hawickcameraclub.co.uk	promoting photography in the community
Hawick Carers Group	01896 752431		Information and advice for carers
Hawick Common Riding Committee	01450 378853		To uphold and continue the heritage, customs and traditions of the Common Riding for the benefit of the people of Hawick. Activities include: Traditional ceremonies; equestrian events; processions; horse racing; dinner (annual); Ball; Other social functions
Hawick Community Council	01450 373174		
Hawick Congregational Church		ger@howdenmeadows.co.uk	Contact Geraldine Strickland

Hawick Cycling Club	01450 374966		To promote and encourage the art and pastime of cycling, from a social and competitive standpoint. To support and protect the interests of cyclists. Very active racing section with members representing the Club at open events in the North of England, Southern Events. Social Evenings in Club Rooms. Club runs take place every Sunday, leaving from Hawick CC Clubrooms to 2 Teviot Crescent, Hawick at 10 am Training facilities are available in the Clubrooms throughout the year.
Hawick Film and Video Group	01450 374110		To encourage amateur camcorder users to take their hobby that bit further by providing editing facilities and an opportunity to show their videos on a big screen. Regular meetings, competitions (where trophies can be won) visits to and from other clubs, outings.
Hawick Golf Club	01450 372293		
Hawick Library Services	01450 364640	http://www.scotborders.gov.uk/directory_record/13962/hawick_library	SBC library services – find out about computers in the library, courses in the community, learning in the library and community
Hawick Linden Rugby Football Club	01450 373469		To encourage men over 18 to train, keep fit and play rugby.
Hawick Little Theatre		http://www.hawicklittletheatre.fsnet.co.uk	Showing a wide selection of films during the winter months.
Hawick Music Club	01450 372663	mgordon6@aol.com	promotes five live professional classical music concerts per year and also provides a platform for local musicians
Hawick Reivers Festival	01450 375263		In March Hawick steps back in time to the 16th C and through drama, song, poetry and re-enactments invites visitors and towns people alike to experience life in this turbulent, often violent, but very colourful period in our history. A full programme of activities is planned many of which are free to the public and include demonstrations of falconry, archery and horsemanship. A look of craftsmen of the times and dramatic re-enactments. There are also concerts, guided walks, historical lectures and many other activities. This is very much a family event with something to interest all ages and tastes.
Hawick Rifle & Pistol Club	01573 450768 / 07768286993		To provide the opportunity for rifle and pistol target shooting within a club environment. Activities include - Small bore target shooting; air weapon target shooting; Range is 25 yards for .22 call rifles, also, have air rifles & pistols from 6 yards to 15 yards. Open to all. Disabled Access. Target rifle shooting is a sport enjoyed by young and old, male and female, the disabled and the visually impaired. The sport is structured so that shooters usually compete against those of the same skill level, irrespective of their age or gender, ability or experience.
Hawick Royal Albert Football Club	01450 371261		
Hawick Rugby Club	01450 370707		

Hawick Saxhorn Band	01450 376316		Playing and teaching of brass band music. Senior band - concerts, parades, and other playing engagements. Junior band - learning and occasional engagements.
Hawick Scout Pipe Band	01450 374383		Band practice and piping/drumming tuition
Hawick Senior Citizens Association	01450 373829	george.brown732@btinternet.com	To bring Senior Citizens together for companionship. Lunch Club caters for disabled and others to get a home made meal in a friendly atmosphere. Activities include carpet bowls, bingo and lunch club.
Hawick Sports Initiative	01450 372429	jpatterson@hawick.scotborder.s.sch.uk	Co-ordinate the development of sports facilities access to sport for all in the Hawick area. Membership of the group is open to any corporate body, sports club or individual who supports the object of the initiative
Hawick Stamp & Postcard Society	01450 372870		Encourage and promote stamp and postcard collecting in the Borders from beginners to experts. Meetings are held where members and friends can see displays and discuss their collecting in a friendly atmosphere. Members and visiting speakers put on displays of stamps and postcards covering a wide variety of subjects from local interests to worldwide. You do not have to be a collector to come to our meetings - everyone is welcome.
Hawick Swimming Club	01450 374383		
Hawick Welcome Initiative			The Hawick Welcome Initiative is a voluntary organisation that works to enhance the quality of the visitor experience in Hawick, and to present a positive image of the town; all with the aim of encouraging visitors to "Stop-Shop-Explore".
Hawick Wilton Tennis Club	01450 375155		
Hawick YM Rugby Club	01450 378266		
Heart of Hawick		http://www.heartofhawick.co.uk/	
Healthy Living Network (HLN)	01835 825970	http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/children-young-peoples-services-directory/health-improvement-team/	Offering a range of food and health programmes.
Hermitage Village Hall		http://www.hermitage.org.uk/	
Hobkirk Community Council	01450 378 266		Under the Local Government (Scotland) Act 1973, all Councils are legally obliged to set up Community Councils. These are legally recognised groups of local people with an interest in their community. The main role of Community Councils is to represent their local area, to consult with local residents, and pass their views on to public sector organisations such as Scottish Borders Council, NHS Borders and the Scottish Executive.
Home Basics	01450 363974 01896 870455	www.homebasics.org.uk Hawick@homebasics.org.uk	Furniture reuse in the Scottish Borders. Looking for furniture at bargain prices? We collect good quality items or you can deliver to our depot.

Interest Link Roxburgh	01450 377600		
Jaggy Jumper Café			The young people at the Wilton Centre have opened a small community café. Open every Friday 10am-12pm
Katharine Elliot Day Support Service	01450 377600		
Liddesdale Heritage Association	01387 376247		1. To promote the use of historical and other materials relating to all aspects of Liddesdale life and history, for the information, education and benefit of the community and visitors alike. 2. To encourage the proper conservation and interpretation of the Liddesdale countryside. 3. To establish and arrange a variety of country walks in relation to the natural and historical interests of the valley. 4. To organise and promote the Liddesdale Heritage Centre and Museum, which portrays the history of Liddesdale and its people. Activities include - Exhibitions; displays; memorabilia.
Lifestyle Advisory Service (LASS)	01896 824502	http://www.lass.scot.nhs.uk/	The Lifestyle Adviser Support Service (LASS) offers support and advice to people (over 16 years) wishing to make a lifestyle change to improve their health
Lipreading Classes	07824904190 01450 372562		Thursday – Hawick Community Hospital – 10am-12pm
Living Life	0800 3289655		A free telephone service that could help if you are feeling low, anxious or stressed. Open Monday – Friday, 1pm-9pm
Macmillan Welfare Benefits Service	01896 826807		Providing welfare and benefits advice.
Melody Makers	01450 372429		To give all interested in singing in a choir the chance to do so and to be part of a group.
Mindfulness	01896 822757		There are always going to be challenges in life. The way we handle those challenges determines our quality of life and sense of well being. Mindfulness training can help us better manage our thoughts allowing us to reduce stress and anxiety.
Minto Golf Club	01450 870220		To play golf in accordance with R&A rules and provide social facilities for members.
Minto SWRI (Roxburgh Federation)	01450 870752		To bring women of all ages and background together. To educate them on the arts, cooking, needlework, social care, Scottish studies and country living. Activities include - all aspects of handcrafts, cookery, sport and education.
Moving Image Borders	01450 372271		Provides media access in the local community.
New Horizons Borders	07435967211 (during drop in times) 01896 755510 (Head Office)	lorraine@newhorizonsborder.co.uk / http://www.newhorizonsborder.co.uk/26.html	Peer Support Drop Ins, sometimes healthy initiatives, art, trips etc.
Newcastleton Village		http://www.newcastleton.net/	
Newmill & Teviothead SWRI (Roxburgh Federation)	01450 377060		To bring women of all ages and background together. To educate them on the arts, cooking, needlework, social care, Scottish studies and country living. Activities include - all aspects of handcrafts, cookery, sport and education.

NHS24	111	www.nhs24.com	Online and telephone based service providing comprehensive and up to date health information and self-care advice for people in Scotland
Parent and Children Drop In	01450 379680		
People First Borders Hawick Group	01896 752120	mary@peoplefirstborders.org.uk	Self advocacy group for people with learning disabilities
Prostate Cancer UK	0800 0748333		Specialist nurse advice line. Staffed Monday to Friday 9am-6pm, 10am- 8pm on Wednesdays
Prostate Scotland	0131 2268157	info@prostatescotland.org.uk www.prostatescotland.org.uk	Information, support and advice
Reaching Out	01835 830650		Soup and lunch club/ table tennis / singing / counselling service
Red Cross Buddies	01896 751888 or 01890 883673	neighbourhoodlinks@redcross.org.uk	A low to moderate level, short term Community Care and support service
Redgauntlet Archers	01450 370711		To practice and promote the sport of field archery in the Scottish Borders to all individuals over the age of 10 years.
REMAP Scottish Borders Panel	01450 870340		The production or modification of devices which will be of assistance to disabled people where there is no commercial product available. Dealing with referrals from occupational therapists and physiotherapists. We are staffed by volunteers and funded by donations. We have engineers in Peebles, Oxton, Foulden & a DIY man in Denholm. Our chair is an NHS Occupational Therapist.
Reminiscence Group	01450 375730		
Rotary Club of Hawick	01450 870366	eastneuk@uwclub.net / http://hawickrotary.com/	The Rotary Club of Hawick is a vibrant and active club offering a wide range of activities, fellowship and support. There is a varied club programme throughout the year with a guest speaker most weeks, wives and partner nights, Christmas night, Burns night, Common Riding night and a President's Ball, all very entertaining and full of fun. Golf and bowling competitions are among the sporting events including a fun night attending the Langholm club's International sports night.
Roxburgh & Berwickshire Citizens Advice Bureau	01450 374266	enquiries@roxburghcab.casonline.org.uk	Free, confidential, impartial and independent advice and advocacy service.
Sainsbury's Health Champion	01450 379308		Working to improve health within local communities.
Salvation Army	01450 378612	hawick@salvationarmy.org.uk	Home League on Mondays at 2:30, a group for ladies with tea and chat, speakers or entertainment and a Bible message. Friday mornings 10-12 - coffee morning. Every Sunday worship meetings at 11am and 6pm.
Samaritans	08457 909090	www.samaritans.org	Providing confidential non-judgemental emotional support, 24 hours a day

Scottish Country Dancing Clubs in the Borders	01450 374741		Classes and social dances in Scottish Country Dancing, as prescribed by the Royal Scottish Country Dance Society. Beginners to experienced dancers are welcome. Classes take place weekly in Peebles, Innerleithen, Broughton, Clovenfords, Galashiels, Melrose, Gattonside, Selkirk, Ashkirk, Hawick, Borders General Hospital, Jedburgh, and Kelso from September to April, on various weekday evenings. Social dances usually take place on a Friday night, hosted by one of the clubs. More info on clubs and dances on our Website http://onlineborders.org.uk/community/rscda
Society of Recorder Players (Roxburgh Branch)	07855 004130		To promote recorder playing and explore the vast recorder repertoire, as part of the nation wide Society. Amateur music making for all ages with this small recorder group. Access to National Courses and Summer Schools for those who wish to progress further. Beginner or mature player 9 or 90! Come along and join us to make music and have fun!!
Southdean Community		http://www.southdeancommunity.org.uk/	Community webpage
Streets Ahead	01450 377924		A supported accommodation service for adults with a learning disability to enable them to have the opportunity to live in their own home within the community, to grow in relationships, to contribute to the lives of others with dignity, to share in fulfilling valued roles in society and to have a opportunity to learn to make informed choices about their lives. Also an outreach/domiciliary service on a sessional basis. Neighbourhood workers provide support to tenants according to their individual needs. Help is given in learning practical and social skills as well as giving emotional support to assist in making informed choices about their lives in every day matters.
Stressbusters Borders – Doing Well		http://www.nhsborders.scot.nhs.uk/staying-healthy/stressbusters/	Supporting people who feel anxious or stressed
Tai Chi	01450 375147		
Teviot and Roberton Parish Church	01450 372150		To make disciples of Jesus in Hawick Worship, learning and service for all ages.
Teviot Wheels	01835 863554	john.chick@the-bridge.uk.net	Teviot Wheels is a community transport project for residents of the Roxburgh area,
Teviotdale Leisure Centre	01450 374440	teviotdale@bslt.org.uk / www.bslt.org.uk	Various leisure classes and groups including gym, swimming pool
Teviothead Village Hall	01450 377060		To provide and maintain a relevant, safe and affordable community centre for the residents of the community for sport, social, education and general recreation. Activities include - Teviothead bowling club (Thursday 7-9pm); SWRI (1st Tuesday of alternative month); community council; pony club; harvest lunch; burn's supper.

The Border Strathspey & Reel Society	01450 370356		To raise money for good causes by bringing traditional music to communities across the south of Scotland and north England. To provide a friendly encouraging environment to enable musicians to come together for their enjoyment and for enjoyment for others. To provide orchestral experience for all ages; we encourage young people to come along and enhance their repertoire and experience.
The Borders Adventure Club	01450 379319		To help young people through leisure time and educational activities to develop their physical, mental and spiritual capacities that they may grow to full maturity as individuals and members of society. Activities include - Camping; Abseiling; Hiking, crafts; Sports and other activities;
The Borders Green Team	01450 363699		A social enterprise, working with a team of trainees with learning difficulties. We offer a garden maintenance service to individuals, voluntary organisations, communities and businesses at competitive rates - both one-off or regular contracts.
The Lavender Touch		http://www.lavendertouch.co.uk/	The Lavender Touch is a registered charity which raises funds to help support people with cancer living in The Scottish Borders.
The Roxburgh Singers	01896 754187	guy.norris@virgin.net	local choir that fosters the enjoyment of choral singing,
Time 2 Chill	01450 375147		Weekly sessions include cooking, crafts, leisure activities, chat
Volunteer Centre Borders	0845 602 3921	http://www.vcborders.org.uk/	Our aims are to develop and promote volunteering for all, improve volunteering opportunities, remove barriers to participation and to monitor the success of volunteering for the Scottish Government. We work in partnership with many volunteer- involving organisations and projects, to promote good practice, recruit and place volunteers and to raise the awareness of the importance of volunteering.
Walk It	01450 870837 01835 825060	WalkIt@scotborders.gov.uk	Walk It is the Paths to Health Project in the Scottish Borders and aims to encourage people to take up walking as part of a healthier lifestyle. Our walks are usually short and easy, though the routes can sometimes involve rough paths and low level gradients. Call or go online for details.
Ways2Work Borders	01450 379649		Supported employment for people with learning disabilities
West Port Day Unit (Hawick)	01450 378028	http://www.nhsborders.org.uk/health-services/services/west-port-day-unit-hawick	provides day care services in the community for elderly people with dementia

William Laidlaw Memorial Hall, Bonchester Bridge	01450 860606		The Village Hall Committee manages the hall to provide a resource to the whole community. The committee is elected to administer a Deed of Trust. The Trust purpose is to maintain a village hall 'for the use of the inhabitants of the Parish of Hobkirk and environs without distinction of political, religious and other opinions, including use for meetings, lectures and classes, and for other forms of recreation and leisure time occupation, with the object of improving the conditions of life for the said inhabitants.' Activities and events include carpet bowling, badminton, social events, a St Andrew's night concert and Burns Supper. Quarterly newsletter produced.
Wilton Bowling Club	01450 370014		
Wilton Dean Village Hall	01450 375027		The Hall is the responsibility of the Hall committee and is for the use of the whole community. Activities include: SWRI - 2nd Tues in month Yoga - Thurs & Sat morning Line Dancing - Mondays Annual - Burn's Supper, January; Hawick Night, May; Autumn Fayre; Kid's Halloween; Christmas Party Polling Station Private hire
Wilton Friendship Club	01450 373777		To provide a social meeting place for older people to pursue recreational activities and organise outings. Activities include - Carpet bowls; Table games; Outings; Meetings at Hawick Youth Centre top of Havelock St, Hawick
Wilton Primary School PTA	01450 372075		To work together with parents for the benefit of the children in our school. Activities include - Fund raising events; Social events; Educational evenings;
Wilton Provision	0300 100 1800 (Option 4). In an emergency out of office hours, please call 01896 752111.		Deanfield is one of six residential care homes provided by Social Work Services for older people in the Borders. The others are located in Eyemouth, Peebles, Galashiels, Innerleithen and Kelso. For more information about moving into a care home, please contact Social Work Services.
Women Onto Work	0131 4752622	www.womenontowork.org	Service for women who are facing barriers to employment.
WRVS Community Transport	0845 600 5885	scottishbordershub@wrvs.org.uk wrvs.org.uk	Is a friendly, community, door-to-door scheme designed to help you get out and about

For further information please contact the groups directly.

If there is anything you would like to include in this directory please contact our TCAT Team on 01896 827071 or email:

alison.smail@borders.scot.nhs.uk

Transforming Care After Treatment (TCAT) Newsletter

Welcome to our first TCAT Newsletter

Welcome to the first edition of our monthly newsletter where TCAT project developments will be shared.



The increasing numbers of people living with and beyond cancer is widely recognised. Estimates for 2020 indicate that 50% of the population will be diagnosed with cancer, with nearly 40% of those going on to survive their cancer diagnosis and die from other causes. While increasing survival rates are positive there is a need to be cognisant of the growing evidence base which indicates that many patients are left experiencing a range of problems, both physical and emotional, following cancer treatment making it difficult for them to return to full health. *Cancer survivors report feeling alone and frightened; they feel a loss of support and often do not know who to turn to.*



**TRANSFORMING
YOUR
CANCER CARE**

**WE ARE
MACMILLAN.
CANCER SUPPORT**

**NHS
SCOTLAND**

What Is TCAT?

TCAT is the shortened name of the Transforming Care After Treatment Programme.

The overall aim of TCAT is to ensure people who have completed treatment for cancer are supported and prepared to live an independent life with confidence knowing who to contact and when.

Macmillan Cancer Support are working in partnership with the Scottish Cancer Taskforce providing up to £5m in funding over the next five years, to support clinical teams and other partners to review, redesign and test new (approaches and) models of care after cancer treatment. The funding has been split amongst different projects across Scottish Health Boards.

NHS Borders were successful in their bid to Macmillan achieving funding for an initial local pilot project in the TD9 postcode area that will look at ways we can improve our services for patients with cancer after treatment.

"People don't stop feeling the physical and emotional effects of cancer just because they have finished treatment."

The overall aim of this pilot is to enhance patients' health and wellbeing by providing integrated support that is relevant to individual needs, and promotes independence and healthy lifestyles: and supports possible future changes to risk stratified follow-up. Specifically the pilot aims to:

- ensure patients' are actively involved in managing their own care, accessing support systems available
- promote Health & well-being, after treatment
- implement changes to practice to support risk stratified follow up

It is hoped over time any changes will be rolled out across the whole of NHS Borders Area.

Who Are We?

NHS Borders TCAT Project Team are a small team, based in the Borders Macmillan Centre at Borders General Hospital.

Judith Smith, Nurse Consultant
Cancer/Palliative Care, 01896 826888,
judith.smith@borders.scot.nhs.uk

Kirsty Wallace, Cancer Information & Support Manager, 01896 826835,
kirsty.wallace@borders.scot.nhs.uk

Lynda Taylor, Macmillan Lung Cancer Nurse Specialist, 01896 826810,
lynda.taylor@borders.scot.nhs.uk

Rachel Johnson, Colorectal & HPB Cancer Nurse Specialist, 01896 826832,
rachel.johnson@borders.scot.nhs.uk

Alison Smail, Project Support Officer, 01896 827071,
alison.smail@borders.scot.nhs.uk

If you have any questions regarding any aspect of our TCAT project please do not hesitate to contact us.



If there is anything in particular you feel should be included in a future edition of this newsletter please email details to:
alison.smail@borders.scot.nhs.uk

NHS Borders TCAT Project Board

The TCAT Project Team are supported by a wider project board who meet monthly to ensure the project remains on target. The TCAT Project Board comprises of key stakeholders across Health & Social Care.

SCAN

NHS Borders TCAT team are also supported by SCAN; South East Scotland Cancer Network who have established a TCAT Steering Group to support and guide the delivery of local programmes. Following the completion of the pilots SCAN will promote the wider transfer of the impact of the successful pilots across the region.

“Moving On” Health & Well Being Events

Throughout the year we plan to hold Health and Well Being events; providing information and support for people after cancer treatment focusing on "Moving On" there will be education sessions to help people:

- regain confidence and independence
- make lifestyle changes
- adjust to living with uncertainty
- take a fresh look at relationships and lifestyle

As well as market stalls of local services to browse and chat to.

The next event will be held:

At: **Hawick Rugby Club**
On: **Wednesday 11th February 2015**
Time: **10am-12.30pm**

To book a space please contact the Cancer Information & Support Service (CISS) at the Borders Macmillan Centre on 01896 826835 or email kirsty.wallace@borders.scot.nhs.uk



Macmillan Cancer Support

**WE ARE
MACMILLAN.
CANCER SUPPORT**

After treatment, it helps to know what to expect and where you can get further support. Macmillan Cancer Support have produced a booklet called [What To Do After Cancer Treatment Ends: 10 Top Tips](#). This may be useful if you're coming to the end of your treatment or have recently finished it. Here you will find some suggestions to help you get the best care and support available and to help you lead as healthy and active a life as possible.

Macmillan's aim is quite simple: we want to transform cancer care in Scotland. There is still a lot of work to do but we believe we are on the right path to make sure the Scotland of the future will be a place where no one needs to face cancer alone.

**Look out for
the next
edition of our
newsletter in
March 2015!**

0808 808 0000

For answers, support
or just a chat, call the
Macmillan Support Line free

(Monday to Friday,
9am-8pm)



Further Information

More information about our TCAT Project can be found on our web page:

[http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/transforming-care-after-treatment-\(tcat\)/](http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/transforming-care-after-treatment-(tcat)/)

Here you will find information on our [Directory](#) and [Calendar of Events](#); links to [Holistic Needs Assessments](#); information regarding [Diet, Health and Nutrition](#), and [Exercise](#); information on where to go for help with your [Finances](#) and ways to cope with [Stress](#). We plan to cover each of these topics in more detail in future editions of our Newsletter.

"The Mindfulness classes are going well. The pupils are taking the class for a variety of reasons but we all have one thing in common, we are struggling to recover emotionally from a traumatic experience. I seem to be the only cancer patient but I have no trouble relating to comments made by the others in the class. Someone said last week that it has taken them ages to finally struggle back to their feet, and now they are feeling a little bit lost because they realise that they are not quite standing in the same place that they were before. I understand totally what they are saying. Cancer completely floored me but with the help of so many kind people, including several on this site, I am now standing up again. Life resembles how it was before, but something still isn't quite right. I'm not sure what, can't put my finger on it. Things have changed around me, but I think I have probably changed too."

Quote taken from Macmillan Cancer Support Website

Appendix 6 – Baseline Questionnaire

**Transforming Care After Treatment
(TCAT)
Patient Questionnaire**



A team at Borders Macmillan Centre are carrying out a project looking at the support needs of people affected by cancers **once treatment has finished**.

We would appreciate it if you would take a couple of minutes to complete this short questionnaire to help identify what could improve current support arrangements. All information will be treated confidentially.

Please read each of the questions carefully and indicate your choice of answer by placing a cross in one of the boxes for each question. Please remember this questionnaire is based on assessing your needs after you had completed treatment. Cancer Information and Support Services staff would be happy to assist if you would like help to complete this questionnaire.

Question 1

After treatment did you access any support services to help with any **physical** (eg. nausea, fatigue) issues? Yes No

a) if yes, please name support services _____

Question 2

After treatment did you access any support services to help with any **emotional** (eg Anxiety, fear, worry) issues? Yes No

a) if yes, please name support services _____

Question 3

After treatment did you access any support services to help with any **financial** issues?
Yes No

b) if yes, please name support services _____

Question 4

What support services did you use? *(Please tick all that apply)*

GP	<input type="checkbox"/>	Practice Nurse	<input type="checkbox"/>
Clinical Nurse Specialist	<input type="checkbox"/>	Cancer Information & Support Service	<input type="checkbox"/>
Other cancer charities e.g Macmillan Cancer Support, Breast Cancer Care etc	<input type="checkbox"/>	Cancer Support Groups	<input type="checkbox"/>
Financial matters including benefits advice	<input type="checkbox"/>	Steps to Recovery Programme	<input type="checkbox"/>
Diet & exercise class	<input type="checkbox"/>	Lifestyle advice	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	Out of Hours Service	<input type="checkbox"/>
Local services in Hawick, please specify	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>

Question 5

Was this support service available at the right time for you?

Yes No

a) If no, please could you explain:

.....

Question 6

How easy were these support services above to access?

Support service accessed	Did not use service	Very easy	Quite easy	Neutral	Quite hard	Very hard
GP						
Practice Nurse						
Clinical Nurse Specialist						
Cancer Information & Support Service						
Other cancer charities						
Cancer Support Groups						
Financial matters						
Steps to Recovery Programme						
Diet & exercise class						
Lifestyle advice						
Smoking cessation						
Out of Hours Service						
Local services in Hawick, please specify						
Other, please specify						

Question 7

For how long after treatment did you access these support services?

Support service accessed	How long for
<i>Example: Financial matters including benefits advice</i>	<i>Had one appointment only</i>
GP	
Practice Nurse	
Clinical Nurse Specialist	
Cancer Information & Support Service	
Other cancer charities	
Cancer Support Groups	
Financial matters	
Steps to Recovery Programme	
Diet & exercise class	
Lifestyle advice	
Smoking cessation	
Out of Hours Service	
Local services in Hawick, please specify	
Other, please specify	

Question 8

How well do you feel the support service(s) met your needs?

Support service accessed	Did not use service	Very well	Quite well	Neutral	Quite poor	Very poor
GP						
Practice Nurse						
Clinical Nurse Specialist						
Cancer Information & Support Service						
Other cancer charities						
Cancer Support Groups						
Financial matters						

Steps to Recovery Programme						
Diet & exercise class						
Lifestyle advice						
Smoking cessation						
Out of Hours Service						
Local services in Hawick, please specify						
Other, please specify						

a) Are there any comments you wish to make about how the support service(s) met your needs?

.....
.....

b) Are there any comments you wish to make about how the support service(s) did not meet your needs?

.....
.....

Question 9

How easy did you find it to manage the following on your own?

	Very easy	Quite easy	Neutral	Quite hard	Very hard
Side effects of treatment					
Family and work commitments					
Financial matters					
Where to get advice and support					

Question 10

What could we do differently in providing you with support after cancer treatment?

.....
.....
.....

Question 11

We would appreciate any further comments you may have on your response:

.....
.....
.....

Thank you for taking the time to complete this questionnaire.

Please return this in the pre paid envelope provided by 20th October 2014.

Your response will help to inform developments in cancer support services.

If you would like any information on this work please contact the Cancer Information and Support Service on 01896 826835.

Appendix 7– Common Themes – Questionnaire and Focus Group

- **What to expect after treatment:**
 - Follow up plans
 - Who
 - When
 - Where
 - Who to contact for what and when
 - Side effects; short and longer term

- **Employment advice**
 - For the patient
 - For employers: including how to treat a cancer survivor
 - For colleagues

- **Financial Advice**
- **Lifestyle Adjustment**
- **Support Services**
- **Support Groups**
- **Public Perception of a cancer survivor**
- **Communication between healthcare services**

Appendix 8– Reasons for non completion of HNA

Reasons for non completion - 1st HNA:

- patient refused
- should have had one but was missed
- n/a diagnosis was pre TCAT
- HNA was posted to patient and patient did not complete
- missed - only found out about patient after pilot finished
- n/a as such a short time between diagnosis and surgery

Reasons for non completion – end of treatment HNA:

- n/a EOT post TCAT pilot
- patient refused
- missed - only found out about patient after pilot finished
- HNA was posted to patient and patient did not complete
- n/a as patient now palliative

Appendix 9 – EOTS Template

Treatment Summary

**Insert GP Contact Details
Address**



Dear Dr X

Re: Add in patient name, address, date of birth and CHI number

Your patient has now completed their initial treatment for cancer. A summary of their diagnosis, treatment and ongoing management plan are outlined below. The patient has a copy of this summary.

Diagnosis:	Treatment Completion Date:
Summary of Treatment and relevant dates:	Treatment Aim:
Patient – possible symptoms and / or side effects:	
<p>Patient Contacts: In Hours: Chemo Helpline (for chemo symptoms up to 8 weeks after treatment) – 0800 9177711 GP for any new symptoms – please phone your GP surgery receptionist CNS for general queries or concerns – via BMC reception 01896 826888 CISS for information or support – 01896 826835</p> <p>Out of Hours: Chemo Helpline (for chemo related issues for up to 8 weeks after chemo treatment) – 0800 9177711 NHS24 (for queries not relating to chemo treatment or after 8 weeks) – 111</p>	
GP - Alert Symptoms that require referral back to specialist team:	
Secondary Care Ongoing Management Plan: (tests, appointments etc)	Other service referrals made: (please tick) District Nurse AHP Social Worker Dietician Clinical Nurse Specialist CISS Benefits/Advice Service Palliative Care Other
GP - Further action requested	
Additional information including issues relating to work, lifestyle and support needs:	

Completing Health Professional:

Signature:

Date:

Appendix 10 - H&WB Participant Evaluation

MOVING ON:
Information and Support for People after Cancer Treatment
 13th May 2015

Participant Evaluation

We would be grateful for you taking just a few minutes to complete the following evaluation of today's 'Moving On after Cancer Treatment', Health and Wellbeing Event. Your feedback is extremely valuable to us.

1. Please rate your Event: **Moving On after Cancer Treatment' Health and Wellbeing:**
 0= didn't meet my expectations 5=exceeded my expectations

0	1	2	3	4	5

2. Did you know where to get information after your treatment, before today's 'Moving On after Cancer Treatment' Health and Wellbeing Event? Yes/No (circle)

a. If yes, where or who provided you with information:

3. Please tell us if you feel information provided within today's Event has:

- a. Provided you with new information to help you move on after cancer treatment Yes/No
- b. Helped you to identify who to contact for your own needs within your local community? Yes/No
- c. Given you information to help you regain control over your own well being Yes/No
- d. Helped you understand expected health care follow up. Yes/No
- e. Helped to improve your confidence in living life after cancer treatment? Yes/No

4. How did you find out about today's 'Moving On' after Cancer Treatment, Health and Wellbeing Event? Please Circle:

- a. Clinical Nurse Specialist
- b. GP
- c. Consultant
- d. Friend
- e. Flyer: Where did you get the flyer?.....
- f. Advert: Where did you see the advert?.....
- g. Other.....

Venue: Hawick Rugby Club, 10am – 12.30pm

How did you rate the Venue? 0 = poor 5 = excellent

a. Venue Overall

0	1	2	3	4	5

b. Accessibility

0	1	2	3	4	5

c. Facilities

0	1	2	3	4	5

d. Refreshments

0	1	2	3	4	5

Comments:

.....
.....

Lifestyle Session:

5. **What information presented within the 'Lifestyle Session' – Top 10 Tips did you feel most useful in helping you to meet your own needs/issues following your cancer treatment?**

.....
.....

6. **What information would you like to have seen included in the session?**

.....
.....

7. **Did watching the 23 ½ hours DVD give you confidence to improve your general fitness after cancer treatment?** 0=not at all 5= a lot

0	1	2	3	4	5

8. **Was the information session on fatigue useful in addressing your own issues relating to living life after cancer treatment?** 0=not useful 5=valuable

0	1	2	3	4	5

9. **Was the information session on anxiety management useful in addressing your own issues relating to living life after cancer treatment?** 0=not useful 5=valuable

0	1	2	3	4	5

10. **Was the information session on relaxation useful in addressing your own issues relating to living life after cancer treatment?** 0=not useful 5=valuable

0	1	2	3	4	5

11. **Was the information session on nutrition useful in addressing your own issues relating to living life after cancer treatment?** 0=not useful 5=valuable

0	1	2	3	4	5

Directory:

12. **Did you find information in the Directory that will help you address your own issues after cancer treatment?** Yes/No (circle)

13. **Would you like to see an on-line version of the Directory as a resource for people who have completed cancer treatment?** Yes/No (circle)

If yes,

a. what would you type into the search engine address bar to find the Directory you seen today?

.....

b. what website/s would you visit to try and find the Directory you seen today?

.....

Market Stalls:

14. **Did you browse the Market Stalls** Yes/No (circle)

If not, why?

15. Which of the Market Stalls did you find most useful in helping you meet your own needs after cancer treatment?
.....

16. What Market Stalls would you like to have seen?
.....

Overall:

a. What do feel has been most useful?
.....
.....
.....

b. what would you like to have seen/heard to be included?
.....
.....
.....

Any other

comments.....
.....
.....



*“Thank you
for
your participation”*

Appendix 11 - H&WB Market Stall Evaluation

**MOVING ON:
Information and Support for People after Cancer Treatment
13th May 2015**

Market Stall Evaluation

We would be grateful for you taking just a few minutes to complete the following evaluation of today's 'Moving On after Cancer Treatment', Health and Wellbeing Event. Your feedback is extremely valuable to us.

1. How did you find the Venue: 0 = poor 5 = excellent
Hawick Rugby Club, 10am – 12.30pm

a. Venue Overall

0	1	2	3	4	5

b. Accessibility

0	1	2	3	4	5

c. Facilities

0	1	2	3	4	5

d. Refreshments

0	1	2	3	4	5

Comments:
.....
.....

2. Did you have opportunity to discuss your service with attendees yes/no

Comments:.....
.....
.....

3. Did you have opportunity to identify any new opportunities with

- a. fellow market stall providers yes/no
- b. attendees yes/no
- c. health care professionals yes/no

Any other comments/suggestions

.....
.....
.....



*“Thank you
for
your participation”*